Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State App	lication Identifier		
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Id	entifier		
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5. APPLICANT INFORMATION Legal Name:	V		Organization				
Strategic Energy Innovations			Department:	iai Unit.			
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122 369 Address:	973						
Street:			Name and tell involving this	lephone number o s application (give	person to be contacted on matters area code)		
185 N. Re	dwood Dr., #188		Prefix: First Name:				
City: San Rafae	N.	*	Middle Name		Cyane		
County: Marin; also an office in Humboldt County			Last Name		Bemmis		
State: CA	Zip Code	iumbolat County	Suffix:		Dandridge		
Country:	94901	4	Email:				
6 EMPLOYER IDENTIFICATION				Cyane@seiinc.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			(415) 507-218	er (give area code)	Fax Number (give area code)		
8. TYPE OF APPLICATION:					(415) 507-1975		
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Other (specify)				EDERAL AGENCY			
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Title	Dandridge			c. Telephone Numbe			
Signature of Authorized Reputs	Executive Director			(415) 507-2184	- (3140 alea code)		
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Previous Edition Ugable
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APPLICATION FOR

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

S. TYPE OF APPLICANTO: New Continuation of Revision enter appropriate letter(s) in box(es) See back of form for description of letters.) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Rural Bus Opportunity Grant 100-773 TITLE (Name of Program): RBOG 12. AREAS AFFECTED BY PROJECT (Cities, Counities, States, etc.): Rural Mendocino, Lake and Sonoma Counties, CA 13. PORPOSED PROJECT Start Dates 8-31-2006 14. CONGRESSIONAL DISTRICTS OF: 8-31-2005 15. ESTIMATED FUNDING: 16. Is APPLICANTI BUSINESSES 16. Is APPLICANTO FUNDING: 17. IS THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 25, 2005 d. Local 18. Other 19. Other State Stat	APPLICATION FOR FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Ider	Version 7/0		
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DATE: May 25, 2005 DATE:	b. Applicant \$	49,934	.00	PROCES	LE TO THE STA S FOR REVIEW	ATE EXECUTIVE ORDER 12372		
d. Local \$ 00	c State \$		00					
e. Other 12,920 The program Income 12,920 The program Income 12,920 The program Income 12,920 The program Income 13,934 The program Income 149,934 The program Income 15, No. The program Income 16, Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? The program Income 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2. Authorized Representative Prefix Ms. First Name Lorenda The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BOVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW TO REVIEW The program Income The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW The program HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE The program HAS NOT COVERED BY STATE The program HAS NOT BEEN SELECTED BY STATE ON PROGRAM HAS NOT BEEN SELECTED BY STATE OR PROGRAM HAS NOT BEEN SELECTED BY STATE ON PROGRAM HAS NOT BEEN SELECTED BY STATE O			00					
f. Program Income f. Program Has NOT BEEN SELECTED BY STATE for Review for Review from Review from Review The Applicant Delinquent on any Federal Debt? for Yes if "Yes" attach an explanation. ### No 18 No			•	B. No. A				
f. Program Income g. TOTAL 49_934 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Lorenda Middle Name T. Suffix C. Telephone Number (give area code) (916) 920-0285 e. Date Signed May 27, 2005 Standard Form 424 (Rev.9-2003)	e. Other \$	12.920	.00	OR PROC	GRAM HAS NOT	T BEEN SELECTED BY STATE		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Lorenda Suffix C. Telephone Number (give area code) (916) 920–0285 d. Signature of Authorized Representative Previous Edition Usable Standard Form 424 (Rev.9-2003)	f. Program Income \$.00	17. IS THE APPLICAL	NT DELINQUE	NT ON ANY FEDERAL DEBT?		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Lorenda Lorenda Suffix C. Telephone Number (give area code) (916) 920-0285 d. Signature of Authorized Representative Previous Edition Usable Standard Form 424 (Rev.9-2003)	g. TOTAL \$	49_934	.00	Yes If "Yes" attach	an explanation	. 🛣 No		
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. Lorenda Lorenda Suffix C. Telephone Number (give area code) (916) 920–0285 d. Signature of Authorized Representative Previous Edition Usable Standard Form 424 (Rev.9-2003)	18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF.	ALL DATA IN THIS API	PLICATION/PREAPPLIC	CATION ARE T	RUE AND CORRECT. THE		
a. Authorized Representative Prefix Ms. First Name Lorenda Middle Name Last Name Sanchez b. Title Executive Director d. Signature of Authorized Representative Mn Authorized Representative Standard Form 424 (Rev.9-2003) Previous Edition Usable	DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	NUTHORIZED BY THE (HE ASSISTANCE IS AV	SOVERNING BODY OF	THE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE		
Last Name Sanchez D. Title Executive Director d. Signature of Authorized Representative Director Director Standard Form 424 (Rev.9-2003) Standard Form 424 (Rev.9-2003)	a. Authorized Representative		TANDED.					
Last Name Sanchez b. Title Executive Director d. Signature of Authorized Representative Director Executive Director Director Executive Director	Prefix Ms.	First Name Lorend	la	Middle	Name Tr			
Sanchez b. Title Executive Director d. Signature of Authorized Representative Previous Edition Usable C. Telephone Number (give area code) (916) 920–0285 e. Date Signed May 27, 2005 Standard Form 424 (Rev.9-2003)	Last Name			Suffix	4.			
Executive Director d. Signature of Authorized Representative Standard Form 424 (Rev.9-2003) Previous Edition Usable Continuous Previous Edition Usable Continuous Previous				Tolor				
d. Signature of Authorized Representative Abendon Sanchez e. Date Signed May 27, 2005 Previous Edition Usable Standard Form 424 (Rev.9-2003)	Executive			C. Telep	.6) 920-02	give area code) 285		
Previous Edition Usable Standard Form 424 (Rev.9-2003)	d. Signature of Authorized Repres	entative Here	dospan	achas e. Date	Signed			
	Previous Edition Usable Authorized for Local Reproduction					Standard Form 424 (Rev.9-2003)		

APPLICATION	FOR		2. DATE SUBMITTED	Applicant Identifier				
FEDERAL ASSIS	STANCE		5 /16/2005	CA-37-X061				
1. TYPE OF SUBMISSION	Pre-Applica BECEIV	/FD	3. DATE RECEIVED	State Application Identifier				
Application	l 1	Bearing Breef	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier				
Construction XX Non-construction	Construction Non-Construction 3 1 2	2005	4. DATE RECEIVED BY FEDERAL AGENCY	rederal identifier				
				CA-37-X061				
Legal Name:	Fransportation Authority	3 HOUS	E ^O -ganizational Unit:					
Santa Clara Valley	Transportation Authority	7						
(SCVTA)								
5. APPLICANT INFORMATION	ON							
Address(give city, county, state,	and zip code):		Name and telephone number of the person to be co	ntacted on				
3331 North First Str	eet, Bldg. B		matters involving this application (give area code) Maria Marinos, Senior Transportati	on Planner				
San Jose, CA 95134			408-321-5773	on I lanner				
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate let	ter in box) G				
_			A. State H. Independent School					
	-2186907		·	titution of Higher Learning				
8. TYPE OF APPLICATION:	****		C. Municipal J. Private University D. Township K. Indian Tribe					
XX New Continu	ation Revision		E. Interstate L. Individual					
	_		F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)					
If Revision, enter appropriate l A. Increase Award B. De	etter(s) in box(es): ecrease Award C. Increase Dura	ation	9. NAME OF FEDERAL AGENCY:					
D. Decrease Duration Other (specify)			Federal Transit Administration.	, Region IX, San Francisco, CA				
A CAMALAGO OF PERSONAL POLYCONIC AGREEM NOR MANAGED								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANTS PF	ROJECT				
	20-516		SANTA CLARA VALLEY TRANSI					
	20-510		FY 2003 FTA SECTION 3037 JOB					
			COMMUTE PROGRAM (CA-37-X	.050))				
12. AREAS AFFECTED BY PI	RSE COMMUTE ROJECT (cities, countries, states, etc.)							
Santa Clara County	, , , , , ,							
13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL DISTRICT Ending Date	a. App		b. Project				
	2							
7/1/06	7/1/08	13, 14,	-	13, 14, 15, 16				
15. ESTIMATED FUNDING			PPLICATION SUBJECT TO REVIEW BY STATE EXE					
a. Federal	\$458,022	a. YE	S, THIS PREAPPLICATION WAS MADE AVAILABLE STATE EXECUTIVE ORDER 12372 PROCESS FO					
b. Applicant	\$		DATE 5/16/2005					
c. State	\$	ł		12272				
- · · ·	Ψ	b. No	PROGRAM IS NOT COVERED BY E.Q.	143/4				
d. Local	\$ 458,022	1	OR PROGRAM HAS NOT BEEN SELEC	TED BY STATE FOR REVIEW				
e. Other	\$	17. IS TI	HE APPLICANT DELINQUENT ON ANY FEDERAL D	EBT?				
f. Program Income	\$	1						
	Φ							
g. TOTAL	\$ 916,044	1	Yes If "Yes," attach an explanation	X No				
18. TO THE BEST OF MY KNOWLED GOVERNING BODY OF THE APP	GE AND BELIEF ALL DATA IN THIS APPLI LICANT AND THE APPLICANT WILL COMP	CATION/PRE	APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT IE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARI	HAS BEEN DULY AUTHORIZED BY THE JED,				
A. Typed Name of Authorized R	Representative b. Title			c. Telephone Number				
d. Signature of Authorized Repr		KAL MA	ANAGER	408-321-5773 e. Datg/Signed				
a. Signiture of particulation Repr	The Airesthe			Silles				
Previous Editions Not Usable	pu, coprim	-		Standard Form 424 (REV 4-88)				
				Prescribed by OMB Circular A-102				

APPLICATION FOR			2. DATE SUBMITT	ED	Applicant Identifier CA-03-0639-01		
FEDERAL ASSIS	STANCE		5/16/05		CA-03-0039-01		
1. TYPE OF SUBMISSION Application	Pre-Application		3. DATE RECEIVE	D	State Application Identifier		
Construction	Construction		4. DATE RECEIVE	D BY FEDERAL AGENCY			
XX Non-construction	Non-Construction			RECEIVED) CA-03-0639-01		
Legal Name:			Organizational Unit	1 0005			
Santa Clara Valley Tra	nsportation Authority (SCV	/TA)		MAY 3 1 2005			
5. APPLICANT INFORMATIO				STATE CLEARING HO	USE		
Address(give city, county, state, 3331 North First Street	• *		Name and telephone <u>number of the person to be contacted</u> on matters involving this application (give area code)				
San Jose, CA 95134	, Diug. D		Maria Marinos	, Senior Transportation P	lanner		
ŕ	NON AUTODED (EIAN)		408-321-5773	CANTE (C		
6. EMPLOYER IDENTIFICAT	HON NUMBER (EIN):			CANT: (enter appropriate letter in l	oox) G		
94	-2186907		A. State B. County	H. Independent School Dist. I. State Controlled Institution	n of Higher Learning		
8. TYPE OF APPLICATION:			C. Municipal D. Township	J. Private University K. Indian Tribe			
New Continuation X Revision			E. Interstate	L. Individual			
ISPatition and approximately letter (2) to be a (2)			F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)			
If Revision, enter appropriate le A. Increase Award B. De	tter(s) in box(es): A, C ecrease Award C. Increase Dura	ation		OF FEDERAL AGENCY:			
D. Decrease Duration Othe	r (specify)		Federal T	ransit Administration, Re	gion IX, San Francisco, CA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER	R:	11. DESCRIPTIVE	TITLE OF APPLICANTS PROJEC	T		
20-500			SANTA CLAD	A VALLEY TRANSPOR	TATION AUTHODITY		
TITLE: Federal Transit: Capit	al Grant (Section 5309 New Starts Pro	gram)	ı		ARTS GRANT CA-03-0639-		
			E .	ON VALLEY RAPID TR			
			PROJECT (EN	V/PRELIMNARY ENGI	NEERING)		
12 ADD AS A DEPOSITED BY DE	OFFICE (-title						
Santa Clara County	ROJECT (cities, countries, states, etc.)						
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT	T					
Start Date	Ending Date	a. App	licant		b. Project		
3/16/2004	2/28/2007	1	12, 13, 15, 16, 17	TO REVIEW BY STATE EXECUTIV	10, 11, 12, 13, 15, 16, 17		
15. ESTIMATED FUNDING							
a. Federal	\$4,448,358	a. YI	STATE EXECUTIV	TION WAS MADE AVAILABLE TO T E ORDER 12372 PROCESS FOR REV			
b. Applicant	\$		DATE 5/16/2005				
c. State	\$	b. No	PROGRA	M IS NOT COVERED BY E.Q. 12372			
d. Local	\$ 1,112,090		☐ OR PROG	RAM HAS NOT BEEN SELECTED B	Y STATE FOR REVIEW		
e. Other	\$	17. IS TI	HE APPLICANT DELING	QUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$						
g. TOTAL	0 5500 440	-					
g. TOTAL	\$ 5,560,448		Yes If '	Yes," attach an explanation	X No		
18. TO THE BEST OF MY KNOWLED GOVERNING BODY OF THE APP A. Typed Name of Authorized R	GE AND BELIEF ALL DATA IN THIS APPLI LICANT AND THE APPLICANT WILL COMP epresentative b. Title	CATION/PRE LY WITH TH	APPLICATION ARE TRUE. LE ATTACHED ASSURANCE	S IF THE ASSISTANCE IS AWARDED.	EEN DULY AUTHORIZED BY THE		
Peter M. Cipolla	General	Manage	r		8-321-5 5 59		
d. Signature of Anthorized Repr	esentative /_ //			e. I	Date Signed		
Tolan K	~, Cinalla				11/105		
Previous Editions Not Usable	′				ndard Form 424 (REV 4-88) scribed by OMB Circular A-102		

FEDERAL ASSISTANCE		2. DATE SUBMITTE 5/26/05	D	Applicant Id	Version Pentifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	NCY Federal Identifier		
Non-Construction APPLICANT INFORMATION	☑ Non-Construction					
egal Name:			Organizational Un	it:		
Sierra College Small Business	Development Center		Department: N/A			
Organizational DUNS: 029006947	Complete annual contents of the contents of th	MONTH AND THE DESIGNATION OF THE PROPERTY OF T	Division:			
Address:		ENZEN	Economic Develop		person to be contacted on mate	
Street: I 1930 Heritage Oak Place, Sui	to 1	bears of transferred	involving this app	lication (give a	rea code)	
1 1330 Heritage Oak Flace, 3ul	MAY 3	1 2005	Prefix: Ms.	First Name:		
City: Auburn		* 4 4000	Middle Name Gandhi	mana		
County:	STATE CLEA	RING HOUSE	Last Name			
Placer State:	Zip Code	IIING HOUSE	Gillespie			
California	95603	ATTIMATE OF THE PROPERTY OF ATTIMATE ATTIMATE OF THE PROPERTY	Suffix: N/A	•		
Country: JSA			Email: igillespie@sbdcsiei	ra.org		
. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	-	Phone Number (give	area code)	Fax Number (give area code)	
9 4 - 6 0 3 1 2 6 0			4 530-885-5488	,	530-823-2831	
. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See ba	ick of form for Application Types)	
V Nev		n Revision	Not For Profit Organ		· ·-···· · · · · · · · · · · · · · · ·	
Revision, enter appropriate let see back of form for description	ter(s) in box(es) n of letters.)		Other (specify)	lization		
other (specify)			9. NAME OF FEDE	RAL AGENCY:		
0. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NIIMBED.	N/A	FITE OF ABBU	ICANT'S PROJECT:	
	2 0 20170 7 (00/01/7/40		Business Managem			
ITLE (Name of Program):	O IFOT (OV)	10-773		one rraining arm	a counseling	
2. AREAS AFFECTED BY PR	UJECT (Cities Counties	States etc.):				
2. AREAS AFFECTED BY PR		, States, etc.):				
lumas, Modoc, Lassen, and Si		, States, etc.):	14 CONCRESSION	IAL DISTRICTS	205	
lumas, Modoc, Lassen, and Si B. PROPOSED PROJECT tart Date:	ierra Counties Ending Date:	, States, etc.):	14. CONGRESSION a. Applicant			
lumas, Modoc, Lassen, and Si 3. PROPOSED PROJECT tart Date: ctober 1, 2005	ierra Counties	, States, etc.):	a. Applicant Congressional Distri	ct 04	b. Project Congressional District 04	
	ierra Counties Ending Date:	, States, etc.):	a. Applicant Congressional Distri 16. IS APPLICATIO	ct 04 N SUBJECT TO	b. Project	
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APPLICATION FOR		2 DATE CUDMITTED			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	5/19/25	Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
	Non-Construction	5/24	1/05		
5. APPLICANT INFORMATION Legal Name:	· · · · · · · · · · · · · · · · · · ·	/	/ Organizational Unit	•	
Oceano Community Center, Inc.			Department:		
Organizational DUNS:			Division:		
	70				
Address: Street:			Name and telephon involving this application	e number of pe cation (give are	erson to be contacted on matters
1936 Wilmar Ave.			Prefix:	First Name:	
City: Oceano			Middle Name		
County: San Luis Obispo			Last Name		
	Zip Code		Suffix:		
	93445		Email:		
Country: USA			Emaii.		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
77-0465125					
8. TYPE OF APPLICATION:	res.	·····	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
✓ New If Revision, enter appropriate lette	r(s) in box(es)	Revision	We W	-PROFIT.	
(See back of form for description of	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER		1
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE	E NUMBER:	リタル 11. DESCRIPTIVE TI	TIFOF APPLI	AU DEVELOPMENT
					omir or Robert
TITLE (Name of Program):					
12. AREAS AFFECTED BY PRO	00/10/10/0	States etc.):			
Oceano within San Luis Obispo C	, ,	States, etc.j.			
13. PROPOSED PROJECT	·		14. CONGRESSIONA	AL DISTRICTS	OF:
Start Date:	Ending Date:	A Karau Ages	a. Applicant	AL DIOTRIOTO	b. Project
asap 15. ESTIMATED FUNDING:	I feel to the W	Pason J	16 IS ADDI ICATION	I CLID IECT TO	REVIEW BY STATE EXECUTIVE
	1 1 1 1 1 1	005	ORDER 12372 PROC	ESS?	
a. Federal \$	MAYDIA	.00	IN YES II I		I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	01 5 6 7 1 1 1 1	NOUGE 100		S FOR REVIEW	
c. State \$	STATE CLEARING	3 HUUSE 100	DATE:		
d. Local \$	доване на <u>почени изполнение в пред 12 године на поче</u> ние изполнение и почение и почение и почение и почение и поч	.00	b. No. III PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	OR PROC		T BEEN SELECTED BY STATE
f. Program Income \$. 00	FOR REV	(IEW NT DELINQUEI	NT ON ANY FEDERAL DEBT?
g. TOTAL \$.00	Yes If "Yes" attach	an explanation	. 🔲 No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF,	ALL DATA IN THIS APPI	LICATION/PREAPPLI	CATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AN ATTACHED ASSURANCES IF TH	UTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE
a. Authorized Representative		ANDED.			
Prefix RS.	First Name		Middle	Name ELLEN)
Last Name	•		Suffix		
BRAC D. Titl <u>e</u>			c. Telei	ohone Number (give area code)
	CEANO COM	nmunitycen	UTERING. (805) 48	39-8454
Sut		acheel	e. Date	Signed /	05
Previous Edition Usable Authorized for Local Reproduction	. ,			7-7	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	NOT	2 DATE CUDENTIES		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Version 7/03	
FEDERAL ASSISTA		2. DATE SUBMITTED May 26, 2005	Applicant Identifier			
1. TYPE OF SUBMISSION Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	State Application Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	NCY Federal Identifier		
☑ Non-Construction	Non-Construction					
5. APPLICANT INFORMA Legal Name:	TION		Organizational	I Init:		
WEST ENTERPRISE CEN	TER INC		Department:	OIIIt.		
Organizational DUNS:	TEN, INC		Division:			
794310870						
Address: Street:				hone number of pe pplication (give are	rson to be contacted on matters a code)	
367 N. STATE ST. SUITE	201		Prefix:	First Name:		
City: UKIAH,		***************************************	Middle Name	1.7.4		
County: MENDOCINO			Last Name PATTERSON			
State: CA	Zip Code 95482		Suffix:			
Country:	<u> </u>		Email:	STCOMPANY.ORG	Walleton Walleton Company	
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):	·	Phone Number (Fax Number (give area code)	
68-02644		707-468-3553		707-468-3555		
8. TYPE OF APPLICATION			7. TYPE OF API	PLICANT: (See bac	k of form for Application Types)	
	New Continuation	n 🔲 Revision	0			
lf Revision, enter appropriat (See back of form for descri	e letter(s) in box(es) ption of letters.)		Other (specify)			
Other (specify)				DERAL AGENCY: S DEPARTMENT OF	F AGRICUTURE	
10. CATALOG OF FEDER	AL DOMESTIC ASSISTANC	E NUMBER:		/E TITLE OF APPLI		
			DEVELOPMEN	T OF ENTREPRENL	IRIAL SYSTEM IN MENDOCINO	
TITLE (Name of Program): USDA RURAL BUSINESS	OPPORTUNITY GRANTS		COUNTY			
	PROJECT (Cities, Counties	s, States, etc.):				
MENDOCINO COUNTY, C	ALIFORNIA					
13. PROPOSED PROJECT	•		14. CONGRESS	IONAL DISTRICTS		
Start Date:	Ending Date: JUNE 30, 2006		a. Applicant b. Project			
JULY 1, 2005 15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal	\$	00	ORDER 12372 P		I/APPLICATION WAS MADE	
b. Applicant	\$	40,000	」 ^{a. Yes.} ⊫ AVA		ATE EXECUTIVE ORDER 12372	
c. State	Service Course Agency Account Account	00	DAT			
d. Local	S Lanca V hazar I V hazar har	00	b. No. PRO	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	S MAY 3 1 2005	- 00		PROGRAM HAS NO	T BEEN SELECTED BY STATE	
		00	FOR	REVIEW	NT ON ANY FEDERAL DEBT?	
	STATE CLEARING HOU	JSE	- III. IS THE APP	LICANT DELINGUE		
g. TOTAL L	SANSEES SANSEES SANSEES AND SANSEES SANSEES SANSEES SANSEES AND SA	40,000	1	ittach an explanation		
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a. Authorized Representativ	е		16.2	Idala Nama-		
Prefix	First Name PAMELA			iddle Name		
Last Name PATTERSON				ıffix		
Title CHIEF EXECUTIVE OFICE	B-7		7	Telephone Number 07-468-3553		
d. Signature of Authorized	epre genta tive		e.	Date Signed 2	2015	

Version 7/03

4 DDI 10 4 TION			_					OMB Approval No. 0348-0043
APPLICATION				2. DATE SUBMITTED	_		Applicant Identifier N/	· A
FEDERAL ASS		<u> </u>		5-27-0			11/	A
TYPE OF SUBMISSI Application		application		3. DATE RECEIVED BY	STATE		State Applicant Identifier N/	A
☐ Construction		Construction	Ī	4. DATE RECEIVED BY	FEDERAL	AGENCY	Federal Identifier	
		Non-Construct	tion				1	N/A
5. APPLICANT INFORM	MATION							
Legal Name: Garden C	Grove, City of				Organiza	ational Unit:	Police Departmen	n†
Organizational DUNS:	83813	4872		Division:				
Address (give city, coun	ity, state, and z	ip code):					number of person to be contacted	f on matters involving this
11301 Acacia	ı Parkway	Г			applicati Name:	on <i>(give ar</i> ea Chuck		
P.O. Box 307	70		RE	ECEIVE			20, 2	
Garden Grov	ve, CA 9264	0	М	AY 3 1 2005	Phone:	(714)	741-5819	
6. EMPLOYER IDENTIF	FICATION NUI	MBER (EIN)			7. TYPE	OF APPLIC	ANT: (enter appropriate letter i	n box) C
	956005848	{	STATE	CLEARING HOU		State	H. Independent School I	
		L.			! !	County	,	titution of Higher Learning
8. TYPE OF APPLICAT	ION:					/unicipal	J. Private University K. Indian Tribe	
	☑ New	☐ Continu	ation	☐ Revision		ownship nterstate	K. Indian Tribe L. Individual	
		_		<u> </u>		ntermunicipal	_	
If Revision, enter appropr		` ′ -			G. S	pecial Distric	t N. Other (Specify)	
A. Increase Award D. Decrease Duration		rease Award specify):	C. Inc	crease Duration	9. NAMI	OF FEDER	AL AGENCY:	
D. Doorodoo Dalatton	ouioi (opoon y).					Department of Justic	e
						Office (of Community Oriented Pol	
10. CATALOG OF FEDE	ERAL DOMES	TIC ASSISTA	NCE NU	MBER:	11. DES	CRIPTIVE TI	TLE OF APPLICANT'S PROJEC	et:
		1 6		7 1 0	τ.:	lirologo	NCT Droject	
TITLE: 2005 Techno	ology Initiatiy	 e	」• └		N	illeress	s MCT Project	
12. AREAS AFFECTED BY			ates, etc.):	:				
Garden Grove,	, Orange	County	, Cal	ifornia				
13. PROPOSED PROJE	CT·	14 CONG	RESSIO	NAL DISTRICTS OF:	Sano	hez 47t	th, Royce 40th	
	ding Date	a. Applica		TOTAL DIGITAL OF CO.		Project	noyee 40th	
	12/07/2005	1		ove Police I		,	Wireless MC	T Project
	22/0//2000							
16. ESTIMATED FUNDI	NG:		~~~		16.		TION SUBJECT TO REVIEW BY	Y STATE EXECUTIVE
a. Federal	\$			185489.00			72 PROCESS?	
L. A I'				ž			S PREAPPLICATION/APPLICAT	
b. Applicant	\$.00			AILABLE TO THESTATE EXECU OCESS FOR REVIEW ON:	TIVE ORDER 12372
c. State	\$	THE STATE OF THE S		.00.		DAT	™May 31, 2005	
d. Local	\$	***************************************		.00		b. NO. 🔲	PROGRAM IS NOT COVERED	BY E.O. 12372
e. Other	\$.00			OR PROGRAM HAS NOT BEE	N SELECTED BY STATE
f. Program Income	\$.00.			PORREVIEW	
The second secon					17.		LICANT DELINQUENT ON ANY	FEDERAL DEBT?
g. TOTAL	\$			\$185,489 .00		☐ Yes	If "Yes," attach an explanation.	XX No
18. TO THE BEST OF MY KI BY THE GOVERNING BODY	NOWLEDGE AN OF THE APPLIC	D BELIEF, ALL CANT AND THE	DATA IN T	THIS APPLICATION/PRE	APPLICATI THE ATTA	ON ARE TRUE	AND CORRECT. THE DOCUMENT ANCES IF THE ASSISTANCE IS AWA	HAS BEEN DULY AUTHORIZED ROED.
a. Typed Name of Author Chuck Boyd	•	tative		b. Title Senior	Admin	istrati	ve Analyst	c. Telephone number (714) 741-5819
d. Signature of Authorize		ve		Annual				e. Date Signed
Chuck	Box							5-26-05

	= · ·	2. DATE SUBMITTED			Applicant Ide	Version 7
FEDERAL ASSISTANCE	- :		5/27/0	5	· · · · · ·	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			. ,	idon Identifier
Construction	Construction	4. DATÉ RECEIVED BY	FEDERAL A	GENCY	ederal iden	iner CH [126]
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				Vac-03	CH I MED!
Legal Name:			Organizatio	onal Unit:		
Catholic Healt	hcare West		Departmen	!		
Organizational DUNS:	243171		Division:	ornia l	Hospit.	al Medical Center
Address: Street:			Name and	telephone n	umber of pe	erson to be contacted on matter
1401 S. Grand A	ve.	·	Profix:		irst Name:	Richard
Los Angeles	,		Middle Nam	6		RICHALG
County:			Last Name	Nel:	·	
Los Angeles	Zip Code		Suffix:	Jr.	-	
CA Country: TYC 3	90015		Ēmail:			
USA EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ber (give area		Fax Number (give area code)
94-1196203			1		,	(213) 742-5875
TYPE OF APPLICATION:				742-58 APPLICAN		k of form for Application Types)
☑ New		Revision	1			t Organization
Revision, enter appropriate lette See back of form for description of			Other (specif			
Other (specify)	U		9. NAME OF	FEDERAL	AGENCY;	
	ADAMANTA ARRIVATA	A SA	Depart	ment o	of Ene	CGY CANT'S PROJECT:
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBEK:	11. DESCRI	PIIVE IIILE	= OF APPLI	CANT'S PROJECT:
		30-29	PET/CT	Fusio	on Ima	ging System
ITLE (Name of Program): Of	fice of Scie	nce		sition		
Financial Assis 2. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):				
City and county	_of Los Ange	eles, CA				v •
3. PROPOSED PROJECT			14. CONGRI	SSIONAL L	DISTRICTS (
tart Date: 10/1/04	Ending Date:	106	a. Applicant	: 34		b. Project 30, 31, 33,34
S. ESTIMATED FUNDING:				CATION SU	BJECT TO	REVIEW BY STATE EXECUTIVE
Federal \$	40	UU	ORDER 1237	HIS PREAP	PLICATION	APPLICATION WAS MADE
Applicant \$	40	2,000	,	NVAILABLE ' PROCESS F	IO IME SIF	HE EXECUTIVE ORDER 123/2
State \$		00		ATE:	5/27/0	5
Local 5		,00	b. No. III F			ERED BY E. O. 12372
Other \$. , , , , , , , ,	- п			BEEN SELECTED BY STATE
Program Income \$.00		OR REVIEW		T ON ANY FEDERAL DEST?
TOTAL \$	A D	3 000	Yes If "Ye	o" allamh nn	avnianation	IZ I No
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CUMENT HAS BEEN DULY ATTACHED ASSURANCES IF TH	UTMORIZED BY THE GO	OVERNING BODY OF T	HE APPLICAL	NT AND THE	APPLICAN	IT WILL COMPLY WITH THE
Authorized Representative	Irst Name			1.01.0		
Mr_	Mark Mark			Middle Nan	A.	
Meyers Meyers				Suffix		
President				c. Telephor		give area code) -5778
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horized for Local Reproduction		MAY 2 7 200	5			Prescribed by OMB Circular A-102
		. 80/14 7 1/ /1111				
		WAI & LOO				

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier APPLICATION FOR May 25, 2005 FTA 9016 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Preapplication Application Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Golden Gate Bridge, Highway and Transportation District Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application P.O. Box 9000, Presidio Station Nina Rannells, Capital and Grant Programs Manager San Francisco, CA 94129 (415) 923-2327 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): G 4 6 0 6 6 0 0 9 Independent School Dist. A. State Controlled Institution of Higher Learning County 8. TYPE OF APPLICATION: Private University Municipal C. D Township K Indian Tribe E. Interstate Individual New ☐ Continuation ☐ Revision Intermunicipal Profit Organization M. Federal Transic.

Scriptive title of Applicant's Project:
FY 2005 Capital Assistance for various projects including
Larkspur Dredging, Ferry Major Components Rehabilitation,
Fixed Guideway Connectors, and Ferry Vessel Replacement

And State Clear Control of the N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Special District B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10 CATALOG OF FEDERAL DOMESTIC 2 5 0 0 ASSISTANCE NUMBER: TITLE: Federal Transit - Capital Investment Grants 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Marin, San Francisco 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: a. Applicant Start Date Ending Date 6 and 8 07/01/2004 12/31/2008 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal \$ 9,042,517.00 b. Applicant \$ 2.260.629.00 DATE May 25, 2005 c. State \$ 0.00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ 0.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ 0.00 ⊠ No Yes If "Yes," attach an explanation. g. TOTAL 11,303,146.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Repres (415) 923-2203 General Manager e. Date Signed d. Signature of Authorized Re CGK

7921782

APPLICATION FOR Version 7/03 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier City of Solana Beach 05/24/05 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Construction Federal Identifier Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit: Department: City Manager's Department City of Solana Beach- Attn: Barry Johnson Organizational DUNS: 193774809 Division: Address Name and telephone number of person to be contacted on matters Street: involving this application (give area code) 635 South Highway 101 Prefix: First Name: Chandra City; Solana Beach Middle Name County: San Diego Last Name Collure State: Zip Code 92075 Suffix: Country: Email: collure@cosb.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 33-0203789 858-755-1782 B. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) ☐ Now Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Solana Beach Pump Station Forcemain Replacement 6 6 6 0 6 TITLE (Name of Program): RECEIVED 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Solana Beach, City of Encinitas 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: a. Applicant 50 Ending Date: 09/15/06 03/15/07 50 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE-EXECUTIVE QRDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE 962,200 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 2.237.800 c. State DATE: d. Local b. No. I PROGRAM IS NOT COVERED BY E. O. 12372 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL 3,200,000,00 LUYear If "Year" attach an explanation. ILI No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name Barry Last Name Suffix <u>Johnson</u> b. Title Telephone Number (giyo area code) City Manager d. Signature of Authorized Representative e. Date Signed May 25 May Previous Edition Usable

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTA		2. DATE SUBMITTED		Appli	licant Identifier	
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	Ε	State	e Application Identifier	
	reapplication					
Construction	Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Feder	eral Identifier	
Non-Construction	Non-Construction					
5. APPLICANT INFORM	IATION					
Legal Name:			Organization			
Address (glvo city, county, stat					one number of person to be contacted on matters involvi	ng
Yosemite/Sequoia Res	source Conservati	on & Development	mis sphicar	aon (gw	ivo area code)	
Council			1	_	N (1 (550) 077 0000	
P.O. Box 415			Roby	yn S	Smith (559) 877-8660	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF	APPLI	LCANT: (enter appropriate letter in box)	
9 1 - 2	1 5 5 8	6 6				للا
	, le 16 le		A. State B. Count	v	H. Independent School Dist. I. State Controlled Institution of Higher Learn	ing
8. TYPE OF APPLICATION:		,	C. Municip		J. Private University K, Indian Tribe	
	New Con	timuation Revision	E. Interst	tate	L. individual	
			F. Intermo			
If Revision, enter appropriets is	ettor(a) in A					
A. Ingresse Award	B. Decrease Award	c. Increase Duration				
D. Decrease Duration	Other (specify):	, ·				
			9. NAME OF	FEDE	ERAL AGENCY:	
	•			1 _ 4	LD Consequentian Consis	
* •					ral Resources Conservation Service	决
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRI	PTIVE	TITLE OF APPLICANT'S PROJECT:	
			Res	SOUT	rce Conservation & Development	
		. •	1			States Engineeric
TITLE:				yrar	m implementation.	1
12. AREAS AFFECTED BY PR	QJECT (Cities, Countie	a, Stutes, etc.)			Mari	A Property
					1 MAY 27	
Mariposa, Ma	adera, Fresno	& Tulare Countie	<u></u>		STA -	<u>U05</u>
13. PROPOSED PROJ		ESSIONAL DISTRICTS	OF:		LAIECLEAD	
Start Date Ending Date	a. Applicant		b. Pro	eject	& 21	lou.
10/1/04 10/31/00	6 19 & 2 [,]	1		19	& 21	UUS
15	5. ESTIMATED FL	JNDING			LICATION SUBJECT TO REVIEW BY STATE EXECUTIV R 12372 PROCESS?	Emme
a. Federal	\$	20.00	1	JKDEK	K 123/2 PROCESS/	
a. i odolal		30,00	0.00	a. YE8.	. THIS PREAPPLICATION/APPLICATION WAS MADE	
b. Applicant	6				AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
o. Applicant						
c. State	\$					
0. 0.00	<u> </u>				DATE	
d. Local	6				·	
U. LOOM			t	b. NQ	PROGRAM IS NOT COVERED BY E.O. 12372	
e. Other	8				OR PROGRAM HAS NOT BEEN SELECTED BY	
					STATE FOR REVIEW	
f. Program Income	s					
ogram mooms	¥				APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. Total	6	30,00	0.00	YES	S (Attach explanation) NO	
9. 15(4)	V	30,00	0.00			
18. TO THE BEST OF	MY KNOWLEDGI	AND BELIEF, ALL DAT	TA IN THIS	APP	PLICATION/PREAPPLICATION ARE TRUE	AND
CORRECT, THE DOCL	MENT HAS BEE	N DULY AUTHORIZED	BY THE G	OVE	PLICATION/PREAPPLICATION ARE TRUE / ERNING BODY OF THE APPLICANT AND	THE
APPLICANT WILL COM	IPLY WITH THE A	NITACHED ASSURANCE	S IF THE	ASSI	ISTANCE IS AWARDED.	
a.Type Name of Authorized Re	presentative	D. THIS		***************************************	c. Telephone Number	
Bob PickAL	0	PRE	SIDENT		55S-877-866	0
d Signature of Authorized Repr	peontativa				e. Date Signed	
But Kick	use)				05-20-05	
Previous Edition Usuble					CTANDADD FORM 424	

AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

A (CATION FOO					Version 7/03
APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED	~/^/	Applicant Id	entilier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE		ation Identifier
Application	Pre-application	4. DATE RECEIVED B	VEEDERAL AGEN	CY Federal Idei	nufer
Construction	Construction		T PEDERAL AGEN		
Non-Construction	Non-Construction	<u>n</u> ,		4.	
5. APPLICANT INFORMATIO Legal Name:	N		Organizational	Unit:	
City of San Jose California			Department Redevelopment	Agency	
Organizational DUNS:			Division:		
115416401			Project Manager	hone number of	person to be contacted on matters
Address:			Involving this a	pplication (give a	rea code)
601 North First Street			Prefix'	First Name	The state of the s
City:			Middle Name	5117	RECEIVED
County:	and the later of t		Last Name		MAY 2 7 2005
Santa Clara	Zio Coda	,	Ekern Suffix:		MAY 2 7 2005
State: CA	Zip Code 95110	,		· · · ·	
Country:			Email bill ekern@sanjo	oseca.gov	STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area control
94-6000411	[ت		408-794-1070		408-277-3153
8. TYPE OF APPLICATION:			7. TYPE OF API	PLICANT: (See b	ack of form for Application Types)
₽ N		tion Revision	"C"		
If Revision, enter appropriate is (See back of form for description			Other (specify)		
Other (specify)		•••	Environmental F	DERAL AGENCY rotection Agency	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:			LICANT'S PROJECT
		6 6 6 0 6			Infrastructure in support of the North
TITLE (Name of Program):		1 .!LL (LL)L .:	San Pedro Hous	sing Project	
FY 2005 EPA Federal Approp 12. AREAS AFFECTED BY P		ties States etc.):			
San Jose, Santa Clara County	•	(,00, 0,010)	İ		
13. PROPOSED PROJECT			14 CONGRESS	IONAL DISTRICT	'S OF:
Start Date:	Ending Date:		s. Applicant		b Project
January 2006	December 2006		CA-16	TON SUBJECT	CA-16 FO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P	ROCESS?	
a. Federal	\$	673,500	a Yes THI	S PREAPPLICATI	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	 S	00	^*/	OCESS FOR REVI	
		303,075			
c. State	\$	1"	DAT		
d. Local	\$	-00".	o. No		OVERED BY E O 12372
e. Olher	\$	1,446,925	' FOR	REVIEW	NOT BEEN SELECTED BY STATE
f. Program Income	\$		17. IS THE APP	PLICANT DELING	JENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	2,423,500	ŀ	attach an explana	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY T	HE GOVERNING BODY O	PPLICATION/PREA F THE APPLICANT	APPLICATION AR AND THE APPLI	E TRUE AND CORRECT THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCES II	F THE ASSISTANCE IS	S AWARDED.			
Frefix Mr.	First Name			Middle Name	
Last Name	Del			D Gulfix	h serv 1
Borgsdorf		A.*			
b. Title City Manager		·····		. Telephone Numb 108-277-5849	DEL (GINE BLES COOR)
d. Signature of Authorized Rep	presentative	1 Wongselm		n Dale Signed	7/05
Previous Edition Usable	tion	0	7	/	Standard Form 424 (Rev 9 2003 Prescribed by OMB Circuia A 10

APPLICATION			2. DATE	CATTIMBUE		Applicant Identifier	Approva No. 0348-004
FEDERAL ASS	ISTANCE		05/26/2005)5	N/A	•
1. TYPE OF SUBMISSION	NC			RECEIVED B		State Applicant Identifier	
Application	Ргеар	plication			!	N/A	
☐ Construction	□ c ₀	onstruction	4. DATE	RECEIVED BY	FEDERAL AGENCY	Foderal Identifier	
Non-Construction ■ Non-Construct	⊠ No	on-Construction				N/A	
5. APPLICANT INFORM	ATION						
Legal Name: Colton, Ci	ity of				Organizational Unit:	Colher Delfer D	
Organizational DUNS: 0	163826246				Division:	Colton Police Dept.	
Address (give city, count							
650 North La	·	,			application (give are:	number of person to be contacted on matter a.code)	ors involving this
		C			Name: B1	11 Burrows, Lt.	
Colton, CA 92	324		. :				
					Phone: (9	09) 370–5000	
B. EMPLOYER IDENTIFE	CATION NUMB	JER (EIN):	:		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)	<u> </u>
1.	956000694	, ,	;		A. State		С
					B. County	H. Independent School Dist. State Controlled Institution of	Mighor Languing
8. TYPE OF APPLICATION	ON:				C. Municipal	J. Private University	riigher Learning
	⊠ New				D. Township	K. Indian Tribe	
	⊠ ivew	☐ Continuation	□ Rev	vision	E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
if Ravision, enter appropri	ate letter(s) in bo	ox(es):			G. Special Distric		
A. Increase Award	B. Decrea	se Award C.	Increase D	uration			· · · · · · · · · · · · · · · · · · ·
D. Decrease Duration	Other (sp	ecify):			9. NAME OF FEDER	AL AGENCY:	
						Department of Justice	
		· ·			Office i	of Community Oriented Policiny Se	rvices
10. CATALOG OF FEDE	RAL DOMESTIC	C ASSISTANCE N	NUMBER:		11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 6	7 1			,,,,	
		• • • •		0	Communicat	ion/Operation Center	
12. AREAS AFFECTED BY P			- :				
I IZ. AREAS AFFECTED BY P	KUJELI (CITIAR I						
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Local, reg	ional and	I State pu	ıblic ş		43 Distri	et	
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APPLICATION F	OR	2. DATE SUBMITTED		ilicant Identifier N/A	
FEDERAL ASSIS		-			
1. TYPE OF SUBMISSION	Prasplication	2. DATE RECEIVED BY S	STATE	State Applicant Identifier N/A	
Construction	☐ Construction	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identifier	
☑ Non-Construction	Non-Construction		·	N/A	
5. APPLICANT INFORMA	TION				
Legal Name: West Covin			Organizational Unit:	-	
Organizational DUNS: 07			Division:		
Address (give city, county,		CONTRACTOR OF THE PROPERTY OF	Name and telephone	number of person to be contacted o	n mahars involving this
1435 West Pue	nte Ave. RE	CEIVED	application (give are	RD ELLIOTT, FIRE CH	IEF
West Covina, (CA 91793	AY 2 6 2005	Phone: (626)	338-8800	
					havi C
6. EMPLOYER IDENTIFIC	ATON NUMBER (SINGTATE	CLEARING HOUS	-	CANT: (enter appropriate letter in	
S	56000810	CONTRACTOR OF THE STATE OF THE	A. State	H. Independent School Did 1. State Controlled Institu	st. ution of Higher Learning
- DOE OF ADDICATIO			₿, County C. Municipal	J. Private University	
8, TYPE OF APPLICATION	η Ψ ;		D. Township	K. Indian Tribe	
	New ☐ Continuation	Revision	E. Interstate	L. Individual al M. Profit Organization	
			F. Intermunicip G. Special Distr		
If Revision, enter appropria	_	increase Duration	Ф. Сроил . Вы		
A. Increase Award D. Decmase Duration	B. Decrease Award Conther (specify):	. MC/Base Daration	9. NAME OF FEDE		
D. Decitivine Daration	Cities (Specify).			Department of Justice	
			Offic	e of Community Oriented Poli	cing Services
10 CATALOG DE EEDE	RAL DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANTS PROJECT	Γ:
III. CATALOG OF FEBR					
	1 6.	7 1 0	COMMUNITY-W	IDE DISASTER PREPAR	EDNESS
TITLE: 2005 Technol					
12. AREAS AFFECTED BY	PROJECT (cides, countles, states,	arc.):	AWARENESS	PROJECT	
CITY OF WES	ST COVINA				
13. PROPOSED PROJE	CT: 14, CONGRE	SSIONAL DISTRICTS OF			
Start Date End	Ing Date a. Applicant	32nd DISTRICT	b. Project	32nd DISTRICT	
12/08/2004 1	2/07/2005	32Nd DISTRICT		SENO DISTRICT	
16. ESTIMATED FUNDIN	IG:			CATION SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	\$	98664.00)	12372 PROCESS?	
				HIS PREAPPLICATION/APPLICATI	
b. Applicant	\$.00	o í	AVAILABLE TO THESTATE EXECU PROCESS FOR REVIEW ON:	TIVE ORDER 12372
c. State	S	.0		DATE May 26, 2005	
d. Local	s	.0	b. NO.	PROGRAM IS NOT COVERED	BY E.O. 12372
e. Other	5	.0		OR PROGRAM HAS NOT BEE	
f, Program Income	\$.0,	0	FOR REVIEW	
				APPLICANT DELINQUENT ON ANY	
g. TOTAL	\$	98664 .0		lf "Yes," attach an explanation.	<u>X</u> No
16. TO THE BEST OF MY K BY THE GOVERNING BODY	NOWLEDGE AND BELIEF, ALL DA OF THE APPLICANT AND THE AF	TA IN THIS APPLICATION/PI PLICANT WILL COMPLY WI	REAPPLICATION ARE T TH THE ATTACHED AS	RUE AND CORRECT. THE DOCUMENT SURANCES IF THE ASSISTANCE IS AWA	has been duly authorized arded.
a. Typed Name of Autho	• • • • • • • • • • • • • • • • • • • •	b. Thie	Time Child		c. Telephone number (626)338-8800
Richard E		J	Fire Chief		e, Date Signed
Kuhan	I Eller	\	,		5/26/05

PLICATION F	OB		1. DATE SUBMITTED		Apr demilier	N/A	
DERAL ASSIS	TANCE		05/15/05		A 11	-	
YPE OF SUBMISSION	1		3. DATE RECEIVED BY	STATE	Stare Applicant Identifier	N/A	
piloation	Proappile	atton			Federal Identifier		
Construction	Cane	rruction	4. DATE RECEIVED BY	FEDERAL ACIENC	LADRIET INDIVIDUAL	N/A	
Non-Construction	⊠ Non-	Construction					
PLICANT INFORM	TION			1	of Emo	TOODEN Sel	cvices
Neme: Solano Co	unty Sheritl's De	partment		Organizational Uni	n Office of Eme	rgency der	. 1104-
mizational DUNS:	86847344	8		Division:		and an matter	ere involving this
reas (give city, count	y, stare, and zip or	ode):	RECEIVE	application (give	one number of person to be	SOUTHOUSE OF LIBER	II of Hitamannia with
	enue, Suite 10		I have A present A present		ert A. Powell		
	•		MAY 2 6 200				
Fairfield, CA	94233		MILLI NO O EGO	Phone: (70	7) 421-7073		
		СТ	ATE CLEARING H	duer			
EMPLOYER IDENTI	FICATION NUMB		AIE OLEMITTO	7. TYPE OF AP	PLICANT: (enter appropri		B
ENI EO I EIX III III	946000538	. 6592204000000		A. Slate	H. Independe	nt School Dist.	at Cabani coming
	J-10040===			B. County			of Higher Leaming
TYPE OF APPLICA	FION:			C. Municipe			
			□ □ □ ···ielee	D. Townshi E. Intereset	ر. معران المارية		
	⊠ New	Continuation	an Revision	F. Intermut		janization	
	aninan lawawn in i	יייי (פפן:	1 7.	G. Special	District . N. Other (Sp	acify)	
Revision, enter appr A. Increase Award		ase Award	C. Incresse Duration				
D. Decrease Durati				9. NAME OF F	EDERAL AGENCY:	C Transisio	
D. Cacipazo Cuita		,			Departmen	t of Justice 	Services
				6	Office of Community Or	IEMEN TOLLEME	
D. CATALOG OF F		TO A BEISTAN	CE MUMBER:	11. DESCRIP	TIVE TITLE OF APPLICAN	rs Project:	
12. AREAS AFFECTED	of Solano		ter, erc.):				
			RESSIONAL DISTRICT	5 OF:			
13. PROPOSED PE				b. Proje	ect		
Start Date	Ending Date	a. Applica		,	10-1		
12/08/2004	12/07/2005	3rd,	7th, 10th		Brd, 7th, 10th		
				16, 15	APPLICATION SUBJECT	O REVIEW BY S	TATE EXECUTIVE
16. ESTIMATED F	UNDING:		4022	GF	RDER 12372 PROCESS7		
a. Federal	5.	•	49,33,	22.00	es. This preapplicati	ON/APPLICATION	BDAM BAW I
		,	· · · · · · · · · · · · · · · · · · ·		AVAILABLE TO THE	STATE EXECUTIV	/E ORDER 12372
u. Applicant	\$			۵۵.	PROCESS FOR REV	'IEW ON:	
				.00			
c, State	5				DATE 05/	15/05	
d. Local	5			.00.			× 5 ↑ 19379
d. Cacal	\			b .		NOT COVERED 6	
a, Other	5			۵۵.			I SELECTED BY STA
					FOR REVIEW		
f. Program Incom	e s		1	.οο.		OURANT ON ANY	EDERAL DEBT?
					S THE APPLICANT DELIN	u av exblaustjóu: Gnskil, ok viki i	4 🖾
g. TOTAL	9			322 .00	mund.		
			N DATA IN THIR AREICA	ATION/PREAPPLICATIO	ON ARE TRUE AND CORRECT CHEO ASSURANCES IF THE A	THE DOCUMENT	HAS BEEN DULY AUTHO
18. TO THE BEST	ng body of the A DF My Knowledg	E AND BELLEF, A PPLICANT AND	THE APPLICANT WILL COM	APLY WITH THE ATTAI	CHED ASSURANCES IF THE A	SSISTANCE IS AWA	c, Telephone numb
a. Typed Name	of Authorized Rep	evitetneser	1 7	ı. Tille	Board of Supe		(707) 553-5
	R. Kondy			CHAIL WOMMAN ,	DOULT OF DRIVE		a. Date Signed
d. Signature of	Authorized Repres	ALIBRIVE \	() (5-10-05
1 12	Dava (First	Y)				
1000	Jule 1			Stand	are Form 424 (REV. 4-92)		Prescribed by OMB Circ

APPLICATION FOR		2. DATE SUBMITT		Applicant le	dentifier	
FEDERAL ASSISTAN	ICE	05/25/2005	ED	Applicant	7,pproduk idoliano	
1. TYPE OF SUBMISSION:	10-23/100-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	3. DATE RECEIVE	D BY STATE	State Appli	ication Identifier	
Application	Preapplication					
✓ Construction	☐ Construction	4. DATE RECEIVE	D 8Y FEDERAL AGE	NCY Federal Ide	entifier	
Non-Construction	☐ Non-Construction				· .	
5. APPLICANT INFORMATION			Organizational U	nit:		
* Legal Name: Mercy Housing	California		Department: Housing Development			
* Organizational DUNS:	883523748		Division: S	an Francisco		
Address:		,	Name and telephor this application (giv		to be contacted on matters involving	ηg
* Street1: 1360 Mission Street			Prefix: Mr.		Merle	
Street2: Suite 300			Middle Name:	That ivalie.	VICTO	
* City: San Francisco	County San Fran	ncisco		akoff		٦
* State: CA * Zip C	Code: 94103 * Cou	ntry USA	Suffix:		lakoff@mercyhousing.org	_
6. * EMPLOYER IDENTIFICATION	N NUMBER (EIN):		* Phone Number (gi	ive area code)	Fax Number (give area code)	
94-3081666			415-355-7156	[4	415-355-7101	
8. TYPE OF APPLICATION:			7. * TYPE OF APPI	LICANT: :ation (Oth	ner than Institution of F	
✓ New ☐ Continuation	on Revision		Other (specify)			
If Revision, enter appropriate letter						
A. Increase Award B. Decrease Award D. Decrease Duration Other (specify):		9. * NAME OF FED	Housing and Urban [Develonment	\neg	
10. CATALOG OF FEDERAL DO	OS Department of t	lousing and Orban L				
		14.157	11. * DESCRIPTIVI	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE: Supportive Housing for the I	=Iderly		9th & Jessie Senior Community Southwest corner, 9th & Jessie Streets San Francisco, CA 94103 95 HUD-assisted plus 11 non-HUD-assisted housing units for very low income seniors			
12. * AREAS AFFECTED BY PR	OJECT (Cities, Counties, States, e	etc.):				
San Francisco, San Francisco, C	:A					
13. * PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:			
* Start Date	* Ending Date		* a. Applicant * b. Project			
12/01/2005	06/01/2009		8		8	
15. * ESTIMATED FUNDING:			16. IS APPLICATION	ON SUBJECT TO R	EVIEW BY STATE EXECUTIVE	
* a. Federal	\$ 11,530,900	0.00	ORDER 12372 PR		PATION MADE AVAILABLE TO	
* b. Applicant	s 10,000	0.00	1		PROCESS FOR REVIEW ON:	
* c. State	\$ (0.00	✓ YES	DATE 05/24/	2005	
* d. Local	\$ 6,900,000	0.00	b. PROGR	AM IS NOT COVERE	D BY E.O. 12372	
* e. Other	\$ 9,072,000	0.00	OR PRO	GRAM HAS NOT BE	EN SELECTED BY STATE FOR REVI	ΞW
* f. Program Income	\$ (0.00	17. IS THE APPLIC	CANT DELINQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL	s 27,512,900	0.00	Yes If "Ye	es," attach an expla	nation. 🗸 No)
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, ALL DATA IN THIS A AND THE APPLICANT WILL COMP	PPLICATION/PREAPPLICATION PREAPPLICATION PREAPPLICATION PREAPPLICATION PROPERTY OF THE PREAPPLICATION PREAPPLIC	ATION ARE TRUE AND CO ASSURANCES IF THE AS	ORRECT. THE DOCUME SSISTANCE IS AWARDE	NT HAS BEEN DULY AUTHORIZED BY TH	E
a. Authorized Prefix: Ms.	* First Name: Va	lerie	M	liddle Name		
Representative * Last Name:	Agostino				Suffix:	
* b. Title: Vice President		THE RESERVE AND PARTY OF THE PA	phone Number (give a		55-7100	
* Email: vagostino@mercyhousi	ng.org	RECEIV	rbe give area code): 415-3	55-7101	
d. Signature of Authorized Repres	entative: Complet	ed on submission to	Grants.gov e.	Date Signed: Com	pleted on submission to Grants.go	V
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STATE CLEARING HOUSE

Prescribed by OMB Circular A-102

Previous Edition Usable Authorized for Local Reproduction

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MAY 2 6 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

						OMB Approval No. 0348-0043
APPLICATION			2. DATE SUBMITTED		A _t ant Identificr N	/A
TYPE OF SUBMIS Application	SION	plication	3. DATE RECEIVED BY	STATE	State Applicant Identifier N	/A
Construction	Пo	nstruction	A. DATE RECEIVED BY	FEDERAL AGENCY	Fodoral Identifier	
		п-Construction				N/A
5. APPLICANT INFO	RMATION					
Legal Name: Los An	geles County Sho	riff's Department	<i>.</i>	Organizational Unit:	Los Angeles Count	y Sheriff's Dept.
Organizational DUNS	-				ntifíc Services Bu	
Address (give city, co				Name and telephone	e number of person to be contact	ed on matters involving this
-	na Boulevard			application (give and Name: Miche	elle Day	
		4		1430000 MICH	erre nal	
Monterey	Park, CA 9175			Phone: 323-	526-5212	
6. EMPLOYER IDEN	ITIFICATION NUM	BER (EIN):		7. TYPE OF APPLI	ICANT: (enter appropriate lette	rin box) B
	956000927			A. State	H. Independent School	
				B. County		stitution of Higher Learning
8. TYPE OF APPLIC	ATION:			C, Municipal D, Township	J. Private University K. Indian Tribe	
	⊠ New	☐ Continuation	☐ Revision	E. Interstato	L. Individual	
	E24 14044			F. Intermunicip		1
If Revision, onler app	oropriate letter(s) in			G. Special Dist	trict N. Other (Specify)	
A. Increase Awar	1 B. Decr	ease Award C.	Increase Duration	9. NAME OF FEDE	EDAL AGENCY:	
D. Decrease Dura	ation Other (s	specify):		9. NAME OF FEDE	Department of Jus	tice
				Offic	ce of Community Oriented I	Policing Services
				1	· .	
10. CATALOG OF	EDERAL DOMES	TIC ASSISTANCE	NUMBER:	1	TITLE OF APPLICANT'S PRO	
	,	1 6	7 1 0	Crime L	ab Management Info	ormation System
	chnology Initiativ			4		
12. AREAS AFFECTS	D BY PROJECT (citie	s, counties, states, i	ofc.):			
Los Angele	s County					
13, PROPOSED P	ROJECT:	14. CONGRES	SIONAL DISTRICTS O	F:		
Start Date	Ending Date	a. Applicant		b. Project		
12/08/2004	12/07/2005		24 - 37;			
15. ESTIMATED F	UNDING:			16. IS APPL	ICATION SUBJECT TO REVIEW	BY STATE EXECUTIVE
a. Federal	5		739982.0	ORDER	12372 PROCESS7	
	,			a. YES, "	THIS PREAPPLICATION/APPLIC	
b. Applicant	\$			00	AVAILABLE TO THESTATE EXI PROCESS FOR REVIEW ON:	ECUTIVE ORDER 12372
c. State	\$			00	DATE May 26, 200	5
d. Local	5			00 b. NO.	☐ PROGRAM IS NOT COVE	RED BY E.O. 12372
e. Other	\$			00	OR PROGRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income	<u> </u>			00	APPLICANT DELINQUENT ON	ANY FEDERAL DERT?
g. TOTAL	\$		739,982	00 TYCS		mon
18. TO THE BEST OF	F MY KNOWLEDGE A	ND BELIEF, ALL DA	TA IN THIS APPLICATION/	PREAPPLICATION ARE	TRUE AND CORRECT. THE DOCUM SSURANCES IF THE ASSISTANCE IS	ENT HAS BEEN DULY AUTHORIZE AWARDED.
a. Typed Name of	Authorized Repress		b. Title			c. Telephone number 323-526-5000
	y D. Baca thorized Represent	ativo		OHELTER PRODUCTION	The form of front is a second man.	o. Date Signed
d, Signalure of Au	() () The second	0/0-		T PROPERTY.	RECEIVED	5/24/05
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STATE CLEARING HOUSE

						OMB Approval No. 0348-
APPLICATIO	N FOR			2. DATE SUBMITTED		Applicant Identifier
FEDERAL AS	SSISTA	NCE		5/26/05		N/A
1. TYPE OF SUBMIS	SSION			3. DATE RECEIVED BY	STATE	State Applicant Identifier
Application		Preap	plication	5/26/05		N/A
☐ Construction		□ c₀	nstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
⊠ Non-Construct	ion	⊠ No	n-Construction	5/27/05		N/A
5. APPLICANT INFO	PRMATION	*****				
Legal Name: Rosem	read Depar	rtment o	f Public Safety		Organizational Unit:	Public Safety
Organizational DUNS: 10-248-1764				Division:		
Address (give city, co	ounty, state	. and zip	ode):		Name and telephone	e number of person to be contacted on matters involving this
6838 E. 7					application (give an	
City of F					3	A. Baker
	. a			*	Dhama	
				•	Phone: 626-5	69-2117
6. EMPLOYER IDE	NTIFICATIO	N NUME	SER (EIN):		7. TYPE OF APPL	CANT: (enter appropriate letter in box)
	95207		` ,		A. State	H. Independent School Dist.
					. B. County	I. State Controlled Institution of Higher Learning
8. TYPE OF APPLIC	CATION:				C. Municipal	J. Private University
		1	☐ Continuation	T During	D. Township	K. Indian Tribe
	⊠ N	IBW	☐ Continuation	Revision	E. Interstate F. Intermunicip	L. Individual al M. Profit Organization
If Revision, enter app	propriate let	ter(s) in b	ox(es):		G. Special Dist	
A. Increase Awar	d E	3. Decre	ase Award C.	Increase Duration		Sit calls for the first particular and the fir
D. Decrease Dura	ation (Other (sp	oecify):		9. NAME OF FEDE	RAL AGENCY:
						Department of Justice
					Offic	e of Community Oriented Policing Services
10. CATALOG OF F	EDERAL D	OMESTI	C ASSISTANCE N	IUMBER;	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:
		Γ		7 7 7 7		
1 6 7 1 0			1 1 0	COPS Tecl	hnology Grant - Rosemead Public	
TITLE: 2005 Tec					Safety Co	
12. AREAS AFFECTE			, counties, states, et	c.):	_	**************************************
City of R	osemea	<u>d</u>				# 1 4 K
13. PROPOSED PR	COJECT:		14. CONGRESS	IONAL DISTRICTS OF		4,44.5.
Start Date	Ending Dat	to	a. Applicant	•	b. Project	
12/08/2004	12/07/2	2005	31st		21 ~4	
			3150	· · · · · · · · · · · · · · · · · · ·	31st	· · ·
16. ESTIMATED FU	NDING:	_				CATION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal		s		295993.00	ORDER 1	2372 PROCESS?
					a. YES. T	HIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant		\$.0		AVAILABLE TO THESTATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
- 01-1		 				TOOLSO! SITTLE BEAUTY.
c. State		s		0,		DATE
d. Local		1		_		_5/26/05
		s		,o,	b. NO. [PROGRAM IS NOT COVERED BY E.O. 12372
e. Other		s		0		OR PROGRAM HAS NOT BEEN SELECTED BY STAT
		1	•	, ,α		FOR REVIEW
f. Program income		s		.0	0	•
						PPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		8	-	٥,		If "Yes," attach an explanation.
			•			
18. TO THE BEST OF BY THE GOVERNING	MY KNOWLE	EDGE AND	BELIEF, ALL DATA	IN THIS APPLICATION P	REAPPLICATION ARE THE	RUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHOR SURANCES IF THE ASSISTANCE IS AWARDED.
a. Typed Name of A				b. Title	The Att Addition Add	c. Telephone number
Bill Crow			r		t v Manag er	626-569-2100
d. Signature of Auth	orized Repr	resentativ	19	RECEN	/En	e. Date Signed
[/	Die !	///~	e _		" L L]	5/26/05
,				MAY 9 C	2005	
Previous Editions Usable			Authorized for Local	Fermill Fig. 40	UUJ Standard Sam 45	14 70704 4070

APPLICATION		2. DATE SUBMITTED		Applicant Identifier			
FEDERAL ASS	SISTANCE	5/26/05		65-9104-4-	4 38		
1.TYPE OF BUBMISSK	ON;	3. DATE RECEIVED BY	STATE	State Application Ident			
Application	Preapplication	-			DECEN/ED		
Construction	Construction	4. DATE RECEIVED BY	FÉDÉRAL ÁGENCY	Federal Identifier	2000		
Nan-Constructio	n Non-Construction				MAY 2 6 2005		
5. APPLICANT IN	FORMATION			· · · · · · · · · · · · · · · · · · ·	MAY 2 6 LOUS		
Legal Name: South	em Low Desert R	C&D	Organization	nal Unit:	701101		
Address (give city, cou	nty, state, and zip code);		Name and to	dephone number of pers	on sola ramated Animaters and Viving		
	e Way, Suite 6-B		tuis abbacat	don (give area code)	THE REPORT OF THE PROPERTY OF		
Coachella, CA	92236		0	700	004 0000		
			Sam	uel Cobb, 760-	391-9002		
6. EMPLOYER IDENTIF			7. TYPE OF	APPLICANT: (enter appl	ropriete letter in box)		
0 1 -	0 5 4 8 5	5 0	A. State	II leden	L		
& TYPE OF APPLICATI	ON:		B. Count	y I. State	endent School Dist. Controlled Institution of Higher L k: ming		
A THE OF APPLICATI			Ç . Municij D. Towns	hip K. Indian			
	L New L Co	minuation Revision					
If Revision anton as ass	nder length :-	[C]		F. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-Profit			
If Revision, enter appro	priate letter(s) in	C					
A. Increase Award	i B. Decresse Award	c. Increase Duration					
D. Decrease Dura		c. marcase suredin					
}			9. NAME OF	FEDERAL AGENCY:	·		
	A		- N	atural Resource	es Conservation Serv.		
10. CATALOG OF FED	ERAL DOMESTIC ASSISTAN	E NUMBER:	11. DESCRI	PTIVE TITLE OF APPLIC	ANT'S PROJECT:		
	[]						
	111	0 - 9 0	1	lementation of t	the Southern Low		
TITLE:	•		Des	ert RC&D Coul	ncil's Area Plan.		
12. AREAS AFFECTED	BY PROJECT (Cities, Countie	s, States, etc.)					
	Riverside and Sa						
13. PROPOSED		ESSIONAL DISTRIC	CTS OF:				
1	g Date a. Applicant		b. Pro	lect			
5/26/05 12/	31/06 Bono (4	45) Filner (51)		Bono (45), Filn	er (51)		
	15. ESTIMATED FL	UNDING	16. (8	APPLICATION SUBJECT RDER 12372 PROCESS	TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$	15	000 000				
		10	,000.00		CATION/APPLICATION WAS MA 115 THE STATE EXECUTIVE ORDER		
b. Applicant	ş				FOR REVIEW ON:		
c. State	8	•					
				DATE	***		
d. Local	\$			П.			
			b.		S NOT COVERED BY E.O. 12372		
e. Other	\$			OR PROGRA	M MAS NOT BEEN SELECTED BY		
				STATE FOR	REVIEW		
f. Program Incom	e \$		17. IS	THE APPLICANT DELING	QUENT ON ANY FEDERAL DEBT		
				YES (Attach explanation			
g. Total	 \$	15	,000.00	T LEG (Attech exbigues)	n) beling		
18. TO THE BEST	OF MY KNOWLEDGE	AND BELICE ALL	DATA IN THIS	ADDI IOATIONIADO			
					APPLICATION ARE TRUE AND		
THE COUNTY WILL	COMMET WITH THE A	TTACHED ASSURA	NCES IF THE A	SSISTANCE IS AW	ARDED.		
a.Type Name of Authort	red Representative	b. Title			C. Telephone Number		
Thoma	s R. Burgin		President		(760) 391-90() 2		
d Signature of Authorize	Representative				e. Date Signed		
-th	- B.B.				5-27-05		
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	NUUUU IRUN			Pros	ceribud by OMB Circular A-102		

Version 7/03 Applicant Identifier 2. DATE SUBMITTED APPLICATION FOR May 25, 2005 FEDERAL ASSISTANCE State Application Identifier 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Construction ☐ Construction X Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: U.S. Section International Boundary & Water Commission Department: Engineering Department Division: Environmental Compliance Section Organizational DUNS: 07-933-1989 RECEIVED Address: 4171, Suite C-100 Name and telephone number of person to be contacted on matters involving this application (give area code) First Name: Jose Prefix: Mr. Street: N. Mesa MAY 2 5 2005 City: El Paso Middle Name: A. STATE CLEARING HOUSE County: El Paso County Last Name: Nuñez State: Texas Zip Code: 79902-1441 Suffix: Country: United States Email: josenunez@ibwc.state.gov 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) (915) 832-4167 (915) 832-4710 74-1109987 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) X New ☐ Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Federal Other (specify) 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Phase II - Plant Optimization South Bay International Wastewater Treatment Plant 66.606 TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): San Diego, San Diego County, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Start Date: 06/01/05 Ending Date: 12/31/10 a. Applicant b. Project California, Nos. 49 and 50 Texas, No. 16 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE \$5,229,564 a. Federal AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR b. Applicant \$ REVIEW ON c. State \$ DATE: May 25, 2005 d. Local \$ ☐ PROGRAM IS NOT COVERED BY E. O. 12372 b. No e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ \$5,229,564 Yes If "Yes" attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name Mr. Arturo Ο. Last Name Suffix Duran b. Title c. Telephone Number (give area code) (915) 832-4101 Commissioner d. Signature of Authorized Representative e. Date Signed May 25, 2005

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Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

(661) 392-4379

APPLICATION FOR FEDERAL ASSISTANCE	; :	2 DATE SUBMITTED		Applicant Ide	Version 7/		
1. TYPE OF SUBMISSION:							
Application	Pre-application	3. DATE RECEIVED E	SY STATE	State Application Identifier			
Construction	Construction	4. DATE RECEIVED E	Y FEDERAL AGEN	CY Federal Ident	ifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational L	Jnit:			
KERN COUNTY SHERIFF'S DE	PARTMENT		Department: SPECIAL ENFOR	RCEMENT DIVISIO	N .		
Organizational DUNS: 0638113	50	· · · · · · · · · · · · · · · · · · ·	Division: GANG SUPPRES	· · · · · · · · · · · · · · · · · · ·			
Address:	- Properties and the second				eson to be contacted on matters		
Street: 1350 NORRIS ROAD	DE	CEIVED	involving this ap	Name and telephone number of person to be contacted involving this application (give area code)			
1000 HORING ROAD	I L Louis	OLIVLD	Prefix:	First Name: LIZ			
City: BAKERSFIELD	MA	Y 2 5 2005	Middle Name				
County: KERN COUNTY, CA			Last Name MONEY				
State: CALIFORNIA	Zip Code STATE (93308	CLEARING HOUSE	Suffix:				
Country: USA		Email:					
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		MONEY@CO.KE Phone Number (g		Fax Number (give area code)		
95-6000925	, ,		661-391-7771	ive didd dddcy	661-392-4379		
8. TYPE OF APPLICATION:	V 4		7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)		
₽ New	Continuation	n Revision		В	11		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)				
			Olifer (apecary)				
Other (specify)			9. NAME OF FED	ERAL AGENCY:	MMUNITY ORIENTED POLICING		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:		
		16-710	ı		TWORK AND GRAFFITI		
TITLE (Name of Program):			ABATEMENT PR				
12. AREAS AFFECTED BY PRO	SECT (Cities, Counties	s. States. etc.):	-				
KERN COUNTY, CA	•	-, ,,					
13. PROPOSED PROJECT	***		14 CONGRESSIO	ONAL DISTRICTS	0E:		
Start Date:	Ending Date:		a. Applicant	·	b. Project		
12/08/04 15. ESTIMATED FUNDING:	12/07/05		BILL THOMAS, D		BILL THOMAS, DISTRICT 22		
			16. IS APPLICAT ORDER 12372 PR		REVIEW BY STATE EXECUTIVE		
a. Federal \$		295,993	THIS	PREAPPLICATION	APPLICATION WAS MADE		
b. Applicant \$	OF THE PERSON NAMED OF THE	200,333	_ AVAIL	ABLE TO THE STA SESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON		
c. State \$,00	DATE				
d. Local \$	***************************************	ca	b. No. in PROG	GRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$,00	☐ OR PE	ROGRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program Income \$	**************************************	. 00	17. IS THE APPLI	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		005 000 .	——————————————————————————————————————	ach an explanation	11 7 1		
18. TO THE BEST OF MY KNOW	LEDGE AND BELIFF	295,993 ALL DATA IN THIS ARI	DI ICATION/DDEAD	DI ICATION ADE T	OUE AND CORDERS. THE		
OCUMENT HAS BEEN DULY A	UINURIZED OT THE	COVERNING RODY OF	THE APPLICANT A	ND THE APPLICAL	NT WILL COMPLY WITH THE		
a. Authorized Representative							
	First Name WILLY		Mid	dle Name	The second secon		
Last Name WAHL			Suff	fix			
. Title CHIEF DEPUTY			c. T	efephone Number (I-391-7539	give area code)		
. Signature of Authorized Represe	entative			ate Signed			

APPLICATION FOR	·		and the second s		Version 7/03		
FEDERAL ASSISTANCE	4	2, DATE SUBMITTED 05/31/2005			Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	fler		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Ossaslastienal Hal	2.			
			Organizational Uni	<u> </u>			
Southern California Housing De Organizational DÜNS:	Paris Princes		Division:				
795516748	HECE	VED					
Address: Street:		The same of the sa	Name and telephor		erson to be contacted on matters		
9065 Haven Avenue, Sulte 100	MAY 2 5	2005	Prefix:	First Name:			
City: Rancho Cucamonga	STATE CLEARIN	IC LIQUE	Mr Middle Name	Alfredo			
County: San Bernardino	Landania	G FIUUSE	Last Name		<u> </u>		
State: California	Zip Code 91730	And other Property of the Parket Park	Suffix:				
Country: USA	31700		Email:				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)		
33-0521215	, ,		909-483-2444	2102 6007	909-483-2448		
18. TYPE OF APPLICATION:				CANT: (See bac	ik of form for Application Types)		
₽ Nev	v 🔲 Continuatio	n 🔲 Revision		(000 520	or or issued a special rypody		
If Revision, enter appropriate lett (See back of form for description	er(a) in box(ea)		O — Non-profit Other (specify)				
Other (specify)		9. NAME OF FEDER U.S. Department of		pan Development			
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	' - '	_	CANT'S PROJECT:		
TITLE (Name of Program): Section 202 Supportive Housing	TITLE (Name of Program): Section 202 Supportive Housing for the Elderly				Palmdale Senior Apartments: New construction of a 75-unit permanent housing independent living apartment building in Palmdale, California for 74 very low-income and low-income persons 62-years of age or older (and one resident manager).		
12. AREAS AFFECTED BY PR	•	s, States, etc.):	(2.10 2.10 1.10	<u>.</u>			
City of Palmdale, Los Angeles C 13. PROPOSED PROJECT	Jounty, California		44 001107500101				
Start Date:	Ending Date:	***	14. CONGRESSION a. Applicant	IAL DISTRICTS	b. Project		
05/01/2007 15. ESTIMATED FUNDING:	05/01/2008		26th		25th		
	-		ORDER 12372 DRO	CESS?	REVIEW BY STATE EXECUTIVE		
a. Federal S.		9,359,730	a. Yes. A THIS PI	REAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372		
b. Applicant \$, ue		SS FOR REVIE			
c. State \$		- 00	DATE:	05/24/05			
d. Local \$ Redevelopment Agency		1,797,054	b. No. III PROGR	AM IS NOT CO	/ERED BY E. O. 12372		
e. Other \$	*	uo			T BEEN SELECTED BY STATE		
f. Program Income \$		aq	FOR RE	ANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		11,156,784	Yes If "Yes" atta	ch an explanation	n. 🛮 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS APP	PLICATION/PREAPPI	ICATION ARE	TRUE AND CORRECT THE		
Authorized Representative	First Name	•	la at at at	lo Nino			
Prefix Mr. Last Name	Richard	· · · · · · · · · · · · · · · · · · ·	J.	le Neme			
Whittingham b. Title			Suffix				
Chief Financial Officer				lephone Number 483-2444	(give area code)		
d. Signature of Authorized Repre	sentative			te Signed			
Previous Edition Usable Authorized for Local Reproduction	n	***************************************			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		

APPLICATION FO	AD.	2. DATE SUBMITTE	en ·	Version 7/		
FEDERAL ASSIST		2. DATE SUBMITTE	u.	icant Identifier, مرود م		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Application Identifier		
Construction X Non-Construction	Construction Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMAT	ION					
Legal Name: Department of P	esticide Regulation		Organizational Unit: Mana	gement Analysis		
			Department: Department of	Pesticide Regulation		
Organizational DUNS: 803218	99 808 32	1897	Division: Division of Administrative Services			
Mailing Address:			Name and telephone number	er of person to be contacted on matters involving th		
P.O. Box 4015 Sacramento, CA 95812-4015			application (give area code)			
Street:			Prefix:			
1001 I Street	R	ECEIVED MAY 2 4 2005	irrenx:	First Name: David		
CI. C	·	2 4 70US		•		
City: Sacramento, County: Sacramento		MAT ATE CLEARING HOL	Middle Name: Charles			
County, Sacramento	STA	TE CLEAHING TO	Last Name: McCarty	The state of the s		
State: California	Zip Code: 9	258-14 and a second and a second area.	Suffix:	· · · · · · · · · · · · · · · · · · ·		
Country: U.S.A.			Email: dmccarty@cdpr.ca.g			
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN)	:	Phone Number (give area co			
68-032	5102		(916) 323-4995	(916) 445-4149		
8. TYPE OF APPLICATION: X New	☐ Continuation [Revision	7. TYPE OF APPL	ICANT: (See back of form for Application Type		
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)	_] Keyision	A. State			
· ·	,		Other (specify)			
Other (specify)			9. NAME OF FEDERAL AC U.S. Environmental Protecti	GENCY: on Agency		
10 CATALOG OF FEDERAL I	DOMESTIC ASSISTA 6 6 – 7 0 0	NCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pesticide Regulatory Education Program (PREP)			
TITLE (Name of Program): 12. AREAS AFFECTED BY P.		ities, States, etc):				
13. PROPOSED PROJECT Start Date: 1/1/2005	I E II D	12/04/2007	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date. 1/1/2003	Ending Date:	12/31/2005	a. Applicant State of California	b. Project		
15. ESTIMATED FUNDING:				Statewide ECT TO REVIEW BY STATE EXECUTIVE		
a Padaral			ORDER 12372 PROCESS?			
a. Federal \$ b. Applicant \$		370,875.00	a. Yes THIS PREAPPI	ICATION/APPLICATION WAS MADE		
c, State \$			REVIEW ON	TE EXECUTIVE ORDER 12372 PROCESS FOR		
d. Local \$			DATE:			
e. Other			☐ OR PROGRAM	NOT COVERED BY E. O. 12372 I HAS NOT BEEN SELECTED BY STATE FOR		
f. Program Income \$			REVIEW	LINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		370,875.00	Vec If "Vec" attach an ev	alonotion V NI		
ATTACHED ASSURANCES IF	1 401110111251141	THE COVERNING ROLL	C ADDI ICATIONIADE I DDI I	CATION ARE TRUE AND CORRECT. THE THE APPLICANT WILL COMPLY WITH THE		
a. Authorized Representative						
Prefix First 1 Mary-			Middle Name			
Last Name Warmerdam		•	Suffix	RECEIVED		
b. Title Director	1		c. Telephone Num			
d. Signature of Authorized Repre			(916) 445-4000 e. Date Signed November 18, 200			
Previous Edition Usable Authorized for Local Reproduction	on Phili Gr Deputy	osselin Diredor	10,74,700, 10, 200	Standard form 424 (Rev. 9-2005) Prescribed by OMB Circular A-102		
	. (i de la companya de l				

APPLICATION FOR		,							
FEDERAL ASSISTAN	ICE		2. DATE SUBMITTED		~~	ant	Identifier		٦
FEDERAL AGGIGTAN	ICL		05/25/2005	I RE	CFN	/En			J
1. TYPE OF SUBMISSION:			3. DATE RECEIVE		THE RESERVE	State App	lication Identifie	er	_
Application	Preapplic	ation		M.	AY 24	2005	,,,,]
☑ Construction	Const	truction	r, mar 11 1, 20.7	The Figure		1111	N 1: ' '		
Non-Construction		Construction		STATE	CLEARING	HOUSE	.		
			<u> </u>	- Commence of the Commence of	ATTICONE DE LA CONTRACTOR DE LA CONTRACT	11.0001	<u> </u>		
5. APPLICANT INFORMATION				Organizatio					
* Legal Name: Mercy Housing	California		177	Department:	Housing	Developme	nt		
* Organizational DUNS:	88352374	18		Division:	San Fra				
Address:				Name and tel			n to be contact	ed on matters in	valving
Street1: 1360 Mission Street	Prefix: Mr.		rst Name:	Marie					
Street2: Suite 300				Middle Name):				
* City: San Francisco	C	ounty San Fran	clsco	Last Name:	.,,	*/-			"]
State: CA Zip (Code: 9410	Cou	ntry USA	Suffix:		=meil: mm	alakoff@mercy	housing.org	
6. * EMPLOYER IDENTIFICATION	N NUMBE	R (EIN):	1	• Phone Num	ber (give area	a code)	Fax Number (g	lve area code)	
94-3081666				415-355-7156	ŝ		415-355-7101		
8. TYPE OF APPLICATION:				7. * TYPE OF	APPLICAN	T: ation (O	ther than Institu	ition of F	
✓ New ☐ Continuat	lon 🗀	Revision		The open to	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
If Revision, onter appropriate letter	(a) in box(es	3)							
A, Increase Award B. Decrease Award C. Increase Durallon				9. " NAME O	F FEDERAL	AGENCY:			
D. Decrease Duration Other (specify):			0 to 1907 - 4 -	US Departme	ent of Housing	and Urban	Development		
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE	14.157	11 DESCR	IPTIVE TITI	F OF APPL	ICANT'S PRO	JECT:	
TITLE: Supportive Housing for the	Elderly			1	Senior Com		B1 = d		
,				Southwest corner, 9th & Jessie Streets San Francisco, CA 94103 95 HUD-assisted plus 11 non-HUD-assisted housing units for very low income seniors					
12. * AREAS AFFECTED BY PR	OJECT	(Cities, Counties, Steles, et	ks.):						
San Frencisco, San Francisco, C	A								
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL DISTRICTS OF:					
- Start Date		* Ending Date		* a. Applicant * b. Project					
12/01/2005		06/01/2009		l e			8		
15. * ESTIMATED FUNDING:				16 IS APPLI	CATION SUI	BJECT TO	REVIEW BY S	TATE EXECUTIV	VE
* a. Federal	5	11,530,900	.00	ORDER 123					_
* b. Applicant	s [10,000		a. YES, THIS	PREAPPLICA	TION/APPLI RDER 1237:	CATION WAS M 2 PROCESS FO	IADE AVAILABL E R REVIEW ON:	то
* c. State	<u>.</u>	0	0.00	-	'ES DATE	E 05/24	1/2005		
* d. Local	5	6,900,000	0.00	b. 🗆 P	ROGRAM IS 1	NOT COVER	ED BY E.O. 123	72	
• e. Other	5	9,072,000	0.00	 	R PROGRAM	HA\$ NOT B	EEN SELECTEL	BY STATE FOR	REVIEW
▼ f. Program Income	\$.00	17. IS THE A	PPLICANT I	DELINQUE	T ON ANY FE	DERAL DEBT?	
g. TOTAL	s [277, 278,	. 1	☐ Yes	If "Yes," atti	ach an expl	anation.	₹	No No
18. TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF AND THE AP	, ALL DATA IN THIS A PLICANT WILL COMP	PPLICATION/PREAPPLIC LY WITH THE ATTACHE	CATION ARE TRUE D ASSURANCES IF	AND CORRECT THE ASSISTAN	. THE DOCUM	IENT HAS BEEN D IED.	ULY AUTHORIZED I	BY THE
a. Authorized Prefix: Ms.		First Name: Va	lerie		Middle N	lame	Jbn I		
Representative Last Name:	Agostine			A TOTAL TARREST			Suffix:		
- b. Title: Vice President			• c Tal	ephone Number	(give area co	ode): 415-1	355-7100		
111		1		•					
* Email: vagostino@mercyhous	ing.org		rax Nu	mber (give area	1 CODE);	415-	355-7101		
d. Signature of Authorized Repres	entative:	Complet	ed on submission La	Grants.gov	e, Date S	Signed: Co	mpletad on sub	mission to Gran	its.gov

APPLICATION FOR	2. DATE SUBMITTED	· · · · · · · · · · · · · · · · · · ·	Applicant Identifier		
FEDERAL ASSISTANCE	5-23-0	0)			
1.TYPE OF SUBMISSION:	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Preapplication					
Construction Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifier		
Non-Construction Non-Construction					
5. APPLICANT INFORMATION	AND DESIGNATION OF THE PARTY OF				
Legal Name: Central Sierra Resource Conser	vation & Development				
Address (give city, county, state, and zip code):		i i	elephone number of person to tion (give area code)	be contacted on matters involving	
235 New York Ranch Road, Ste. D			,		
Jackson, CA 95642 Dunn # 136584179		100	Seaton, (209) 533	R-0361 v242	
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF	APPLICANT: (enter appropr	late letter in box)	
4 2 5 8 6 5	5 7 6	A. State	H. Independ	ent School Dist.	
8. TYPE OF APPLICATION:		B. Coun	ty I. State Con	trolled institution of Higher Learning	
		C. Munic D. Town	ship K. Indian Tri		
X New Co	ntinuation Revision		tate L. Individual nunicipal M. Profit On	ganization	
<u></u>		F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non Profit			
If Revision, enter appropriate letter(s) in					
A. Increase Award B. Decrease Award	c. Increase Duration				
A. Increase Award D. Decrease Duration Other (specify):	c. nicrease duration	Ì			
		9 NAME O	F FEDERAL AGENCY:		
	A	- 1	Natural Resources	Conservation Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	ICE NUMBER:		PTIVE TITLE OF APPLICAN		
IN. CATALOG OF FEDERAL DOMESTIC ASSISTAN	TO HOMBER.				
1	0 - 9 0	1 Imi	olementation of CS	SRC&D Area Plan	
TITLE:		i and	d Annual Work Pla	เท	
12. AREAS AFFECTED BY PROJECT (Cities, Count	les. States. etc.)				
	Tuolamne	4			
Alpine, Amador, Calavera					
	RESSIONAL DISTRI				
Start Date Ending Date a. Applicant			roject		
1/1/06 12/31/06 3			3, and 19	. <u>.</u>	
15. ESTIMATED F	UNDING		S APPLICATION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PROCESS?		
a. Federal \$	1:	5,000.00		TION/APPLICATION WAS MADE	
L. Australia			12372 PROCESS F	E STATE EXECUTIVE ORDER OR REVIEW ON:	
b. Applicant \$			120121110		
			_		
c. State	VED \		DATE5/	24/05	
RECEI	VED				
e. Other sMAY 2 3	2005		b. NO PROGRAM IS	NOT COVERED BY E.O. 12372	
e. Other \ \$ MAY 2 3	1 2000		OR PROGRAM	HAS NOT BEEN SELECTED BY	
e. Other	UNISE		STATE FOR RE	VIEW	
f. Program Income STATE CLEAF	RING HOOS	43	O THE ADDI CAN'T DELINOU	ENT ON ANY FEDERAL DEBT?	
1. Trogram moone STATE OF		1//.		F-771	
g. Total	1.9	5,000.00	YES (Attach explanation)	NO	
<u> </u>		<u> </u>			
18. TO THE BEST OF MY KNOWLEDO	GE AND BELIEF, ALI	L DATA IN THI	S APPLICATION/PREA	PPLICATION ARE TRUE AND	
CORRECT, THE DOCUMENT HAS BE APPLICANT WILL COMPLY WITH THE	EN DULY AUTHORI	IZED BY THE ANCES IF THE	EASSISTANCE IS AWA	RDED.	
	b. Tit			c. Telephone Number	
a.Type Name of Authorized Representative) D. 110		Tropouror	(209) 257-1851	
Alfred Nunes		Secretary/	reasurer	e. Date Signed	
d Signature of Authorized Representative				5-23-05	
	es		CTA	NDARD FORM 424 (REV. 4-92)	
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PAGE Ø1

OPTIONAL FORM 98 (7-90)

			FAX TE	RANL IT	TAL # of pages ►/
APPLICATION F FEDERAL ASSI	STANCE	2. DATE SUBMITTED 5/23/05	To Calif. of	State	From Junity RC+D Phone : 530-623-2009 Ex
1.TYPE OF SUBMISSION: Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY STA	Fex # 9/6-39 NSN 7540-01-317-73	3-3018	FBX # 530 -623-2353 GENERAL SERVICES ADMINISTRATIO
5. APPLICANT INFO			10(411 D-1		
Legal Name: Trinity F Address (give city, count		<u>1C</u>	Organizational Unit		to be contacted on matters involving
P.O. Box 2183 Weaverville, CA			this application (giv	re area code)	9-623-2009 Ext. 3
6. EMPLOYER IDENTIFIC	ATION (E(N):	•			priate letter in box)
8. TYPE OF APPLICATION	New Con	5 9 ntinuation Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special Distri	H. Indeper I. State Co J. Private K. Indian I L. Individu M. Profit C	Ident School Dist. ontrolled institution of Higher Learning University
A. Increase Award D. Decrease Duratio	B. Decressa Award	c. Increase Duration			
			9. NAME OF FEDER	RAL AGENCY:	
			USDA	- NRCS	
10 CATALOG OF FEDER	AL DOMESTIC ASSISTAN	CE NUMBER:		TITLE OF APPLICA	NT'S PROJECT:
TITLE:		- [entation of th	ne RC&D Area Plan Work
12. AREAS AFFECTED B	Y PROJECT (Cities, Countle unty, California	s, Statos, o(c.)		·.	
		RESSIONAL DISTRICTS			
Start Date Ending		_	b. Project	اممما	
5/23/05 10/3	1/06 Second		Sec		TO REVIEW BY STATE EXECUTIVE
			ORDER	12372 PROCESS?	
b. Applicant	s s	15,00	00.00	AVAILABLE TO T	ATION/APPLICATION WAS MADE HE STATE EXECUTIVE ORDER FOR REVIEW ON:
c. State	s				
d. Local	ş		b, NQ	DATE 5/2	NOT COVERED BY E.O. 12372
e. Other	\$		5.40		M HAS NOT BEEN SELECTED BY
f. Program Income	\$		17. IS THE A		UENT ON ANY FEDERAL DEST7
g. Total	\$	15,00	00.00 YES	(Attach explanation	NO
APPLICANT WILL C	COMPLY WITH THE	N DULY AUTHORIZED ATTACHED ASSURANC	BY THE GOVER	RNING BODY (APPLICATION ARE TRUE AND OF THE APPLICANT AND THE ARDED.
a.Type Name or Authoriza	1	b. Title			c. Telaphone Number
Patrick Patrick	U	. Pre	esident		(530) 623-2009 a. Date Signed
7 (.	The Manuel In				5/23/05
Previous Edition Usable	PERFORMATION			STA	NDARD FORM 424 (REV. 4-92)

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APPLICATION FOR				A sallagas latas	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 05/31/2005		Applicant Iden	uner	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applicati	on Identifier	
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGE	NCY Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizationa	1 Unit:		
Legal Name:			Department:	I Ulin.		
Southern California Housing Dev Organizational DUNS:	velopment Corporation		Division:			
796516746						
Address: Street:				phone number of per application (give are:	rson to be contacted on matters	
9065 Haven Avenue, Suite 100				First Name: Alfredo		
City: Rancho Cucamonga	MAY	2 4 2005	Middle Name			
County: San Bernardino	1	1	Last Name Izmatovich			
State: California	Zip Code 91730 STATE CL	EARING HOUSE	Suffix:		,	
Country: USA			Emall: aizmatovich@s	schdc.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number		Fax Number (give area code)	
33-0521215			909-483-2444		909:483-2448	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)	
Mew If Revision, enter appropriate lette	er(s) in box(es)	n 🖾 Revision	O Non-profit			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	_		9. NAME OF F U.S. Departme	EDERAL AGENCY: nt of Housing and Urb	an Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly	14-157	housing indeper for 84 very low	endent living apartmen -income and low-incor	onstruction of a 85-unit permanent t building in Montclair, California ne persons 62-years of age or	
12. AREAS AFFECTED BY PRO		s, States, etc.):	older (and one	resident manager).		
City of Montclair, San Bernarding	o County, California					
13. PROPOSED PROJECT	TE-E-B			SIONAL DISTRICTS		
Start Date: . 05/01/2007	Ending Date: 05/01/2008		a. Applicant 26		b. Project 26	
15. ESTIMATED FUNDING:			00000 40070	FDOOFCCO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		10 201 071	L Vac Di TH	IS PREAPPLICATION	I/APPLICATION WAS MADE	
b. Applicant 5		10,364,671		AILABLE TO THE STA ROCESS FOR REVIEW	ATE EXCOUNTED ONDER 12072	
c. State \$		·······································	DA	TE: 05/24/05		
d. Local \$		1 400 473 '	b. No.	OGRAM IS NOT COV	/ERED BY E. O. 12372	
Redevelopment Agency e. Other \$		1,490,472 on			T BEEN SELECTED BY STATE	
f. Program Income \$			_ FC	REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		11,855,1 4 3 [']	Yes If "Yes	☐ Yes If "Yes" attach an explanation.		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	, ALL DATA IN THIS A				
ATTACHED ASSURANCES IF T a, Authorized Representative	TE ASSISTANCE IS A	WAKUED.				
Prefix Mr.	First Name Richard			Middle Name J.		
Last Name Whitingham		· · · · · · · · · · · · · · · · · · ·	···	Suffix		
b. Title Chief Financial Officer		······································		c. Telephone Number 909-483-2444	(give area code)	
d. Signature of Authorized Repre	sentative	***************************************		e. Date Signed		
Previous Edition Usable					Standard Form 424 (Rev.9-2003)	

Prescribed by OMB Circular A-102

FEDERAL ASSIST		2. DATE SUBMITTED		A	pplicant	dentifier		
	ANCE	5/23/05						
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STA	TE	S	tate App	ication Identifie	er .	
Application	Preapplication							
Construction	Construction	4. DATE RECEIVED BY FEDI	ERAL A	AGENCY Fe	deral ld	ntlfier		
5. APPLICANT INFOR	Non-Construction							
Legal Name: Ore-Cal F	ato and ris poods.)	C Part I I		anizational				
Legal Name: Ore-Cal R Address (give city, county, st P.O. Box 785	ate, and zip code.	CEIVED	Nam	ne and telep. application	hone nu (aive ar	nber of person	to be contacted on matte	ers involving
Dorris, CA 96023	1	i			(givo ui	u code,		
	J MA'	Y 2 3 2005	ı	Donna	Buro	205 /E20\	207 7460	
6. EMPLOYER IDENTIFICATION							397-7463	
		450 HOUSE	1'. 1	TPE OF API	PLICANT	(enter approp	riate letter in box)	
0 0 - 0	3 2 3 5	0201100SE	Α.	State		H. Independ	lent School Dist.	ln_
8. TYPE OF APPLICATION:		The state of the s	→ B. C.	County Municipal		 State Cor 	ntrolled Institution of Hig Iniversity	her Learning
	New Conti	nuation Revision	D.	Township Interstate		K. Indian Tri	ibe -	
		The state of the s	F.	Intermunici	pal	M. Profit Or	ganization acify) <u>non profit</u>	
If Revision, enter appropriate	letter(s) in		G.	Special Die	erlice	N. Other (Sp	ecity)NON_DIOTIT	
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A. Increase Award D. Decrease Duration	B. Decrease Award	c. Increase Duration						
b. Deciease Duration	Other (specify):						•	
			9. NA	ME OF FED	ERAL A	BENCY:		
40.04744.00.07.77					A NF			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. D	ESCRIPTIVI	ETITLE	OF APPLICANT	'S PROJECT:	
				l manala m	4 -			
TITLE:				implen	nenta	ion of KC	&D Area and A	Annual
12. AREAS AFFECTED BY PR	O.IECT (Cities Counties	C4-4		Work F	rlans			
	out (oldes, counties,	States, etc.)						
California & C	Dregon & Pacifi	c Rim Regions			•			
13. PROPOSED PROJE	CT 14 CONGRES	SSIONAL DISTRICTS O	<u>L</u>		······			
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6/1/05 10/31/06	second					d		
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a. reuerar	\$	15,000	0.00]	a. YES	. THIS	PREAPPLICATI	ON/APPLICATION WAS	MADE
b. Applicant	ş		$\neg \neg$		AVAII	ABLE TO THE	STATE EXECUTIVE ORD	DER
э. пррисат	,				12372	PROCESS FOI	R REVIEW ON:	
c. State	s	•						
	, , , , , , , , , , , , , , , , , , ,				DAT	h :		
d. Local	s							-
				b. NO	□P	OGRAM IS NO	T COVERED BY E.O. 1	2372
e. Other	\$						AS NOT BEEN SELECTE	
					S.	ATE FOR REVI	EW	אם ע
f. Program Income	\$							
							T ON ANY FEDERAL DE	BT?
g. Total	\$	15,000.	ool	YES	(Attach	explanation)	NO	
18 TO THE BEST OF M	V KNOW EDGE 4	•						
18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COMP	T KNOWLEDGE A MENT HAS BEEN T	NU BELIEF, ALL DATA	NI T	HIS APP	LICATI	ON/PREAPP	LICATION ARE TH	RUE AND
APPLICANT WILL COMP	LY WITH THE ATT.	ACHED ASSURANCES	τ H T	HE ASSIS	STANC	FIS AWARD	THE APPLICANT A	AND THE
Type Name of Authorized Repr	esentative	b. Title				- 10 ANAIN		
David Brads	haw	Presi	idan	+			c. Telephone Number	400
Signature of Authorized Repres	entative	1 1681	UCII	L			(530) 397-7 e. Date Signed	463
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revious Edition Usable UTHORIZED FOR LOCAL REPROI	DUCTION		— ••—	···		STAND	5/23/05 ARD FORM 424 (R	
TON LOOKE REPRO!	JUG FIUN					Prescribe	ARD FORM 424 (R d by OMB Circular A-102	:⊭V. 4-92) }

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LICATION FOR	_	2. DATE SUBMITTED	May 18, 2005	Applicant Identi	mber 05-316	
ERAL ASSISTANCE		3. DATE RECEIVED BY STATE		R9 Tracking Number 05-316 State Application Identifier		
PE OF SUBMISSION:	Pre-application	4. DATE RECEIVED BY				
Construction	Construction					
lon-Construction PPLICANT INFORMATION	Non-Construction		Organizational Unit	:		
al Name:			Department:			
fornia Air Resources Board	<u> </u>					
anizational DUNS:		1	Division: Administrative Servi	ces Division	son to be contacted on matter	
33218/1			Name and telephor involving this appl	ication (give area	a code)	
ress:		TIED \	Prefix:	First Name: Valinda		
1 Street . Box 2815		-1/	Ms. Middle Name	Valitido		
	TAKU	NED 2 3 2005				
cramento Inty:	Ya.	23 NISE	Last Name Debbs			
cramento	Zin Code	- SING HOUSE	Suffix:			
te:	Zip Code 95812	CLEARIN	Email:			
intry:	\STATE	CLEARING HOUSE	vdebbs@arb.ca.go Phone Number (giv	e area code)	Fax Number (give area code)	
A EMPLOYER IDENTIFICAT	ION NUMBER (EIN)	•	(016) 322-8201		(916) 322-9612	
6 8 -0 2 8 8 0 6			7 TYPE OF APPI	ICANT: (See bad	k of form for Application Types)	
TYPE OF APPLICATION:			A. State	,		
	lew Continu	ation 🖺 Revision				
evision, enter appropriate les back of form for description	letter(s) in box(es)	/	Other (specify)			
BE Dack of form for desiring		- لــا	9. NAME OF FED	ERAL AGENCY:		
			10,10,000	Ltion AgoneV		
her (specify)	L DOMESTIC ASSIST	ANCE NUMBER:	Environmental Pro	TITLE OF APPL	ICANT'S PROJECT: programs, outreach, and order cities	
TLE (Name of Program):	- Support	6 6 - 0 0 1	Environmental Pro	TITLE OF APPL	nrogianis, outreasii, aria	
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Construction	Cons		4. DATE RECEIVED B	Y FEDE	RAL AGENC	Federal Identifier		
Non-Construction	Non-C	onstruction				. 1		
. APPLICANT INFORMATIO egal Name:	N			Orga	inizational Ur	iit:		
Caspar South Water District					rtment:		•	
Organizational DUNS:				Divis	ion;			
_		- PATE (EN/FD+	Nam	e and telephi	one number of per	son to be contacted on matter	
ddress: treet:		HE	, EIV L	invo	iving this app	olication (give area	code)	
.O. Box 744			2 3 2005	Pref	X:	First Name: David		
ity; fendocino		1		1 :1.	le Name			
ounty:			LEARING HOUSE	Lasi	Name		and the state of t	
lendocino	Zip Code	STATE	LEATING	JOUN	x:			
late: alifornia	95460			Ph.()		,	
ountry: SA				dbe	rry@dtsc.ca.g		Fax Number (give area code)	
EMPLOYER IDENTIFICAT		ER (EIN):			ne Number (giv 255-8626	ve ered CODE)	916-255-6657	
94-283191	8					ICANT: /See han	of form for Application Types)	
TYPE OF APPLICATION:	11*	· .	n Revision	- 1		JUMII. (See Open	Origini to reppired to 13pacy	
Revision, enter appropriate ا	etter(a) in bo	Continuatio	U KGAIPIOU		pecial District			
se back of form for description	on of letters	.)	П	Othe	r (specify)			
Mther (specify)					9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service			
CATALOG OF FEDERAL	DOMEST	C ASSISTAN	CE NUMBER:	11.	DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
ITLE (Name of Program): Valer and Waste Disposal Lo 2. AREAS AFFECTED BY F	ROJECT	Cities, Countie		sev	ane treatment	facility. Based on pard warning and vi	and upgrades to the community North Coast Regional Water olation of Department of Health	
Caspar South Community, Mo	andocino. M	lendocino Cou	nty, California		-01/00/00/00	NAL DISTRICTS		
							DF:	
	Endin	o Date:			pplicant	SILVE DIGITION OF	b. Project	
tart Date: eptember 2005	Endin June	g Date: 2006		a. A	pplicant		b. Project	
tart Date: eptember 2005				a. A 1	pplicant S APPLICATI ER 12372 PR	ION SUBJECT TO	b. Project 1 REVIEW BY STATE EXECUTIVE	
tan Date: eptember 2005 5. ESTIMATED FUNDING:			1.065.510	a. A 1 16. ORt	S APPLICATI ER 12372 PR es. PATHIS AVAIL	ION SUBJECT TO OCESS? PREAPPLICATION ABLE TO THE ST	b. Project 1 REVIEW BY STATE EXECUTIV I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 1237	
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3. PROPOSED PROJECT Start Date: September 2005 5. ESTIMATED FUNDING: 6. Federal 6. Applicant 6. State 6. Local 7. Other 7. Program Income 7. TOTAL 18. TO THE BEST OF MY KI 10 CUMENT HAS BEEN DULTTACHED ASSURANCES 7. Authorized Representative Prefix 2. ast Name 3. Title President, Caspar South Wa 1. Signature of Authorized Re	S S S S NOWLEDG Y AUTHOR F THE ASS First Na David	E AND BELIERIZED BY THE	1,065,510 F, ALL DATA IN THIS A	a. A 1 16. ORL a. Y	PPIICANT S APPLICATI ER 12372 PR THIS es. AVAIL PROC DATE OR PFOR IS THE APPLICANT A Mic L. Su Ph	ION SUBJECT TO OCESS? PREAPPLICATION ABLE TO THE ST CESS FOR REVIEW ROGRAM HAS NOT CON ROGRAM HAS NOT CON REVIEW LIACH AN EXPLORATION ARE LIND THE APPLICATION ARE LIND THE	b. Project 1 REVIEW BY STATE EXECUTIVE ORDER 1237 I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 1237 VON	

APPI IC	ATION FOR						Ve	ersion 9/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		plicant	Identifier			
FEDER	AL ASSISTAI	NCE		05/31/2005		11		
1. TYPE OF	SUBMISSION:			3. DATE RECEIV	ED BY STATE	State App	lication Identifier	
Application		Preappl	ication					
✓ Constru	ction		struction	A DATE RECEIVE	ED BY FEDERAL AG	ENCY Federal Ide		
	nstruction		-Construction	4. W. (m. (m.) m. 1 A 1		South the second	was energine.	
	ANT INFORMATION				Organizational l	 Jnit:		
					1			
* Legal Nam			247		Department:			
* Organizati	onal DUNS:	058211	947		Division:		a to be contracted an matters	involvina
* Street1:	409 Jackson Street				this application (gi		n to be contacted on matters i	nivolving
	409 Jackson Street				Prefix:	* First Name:	Kathryn	
Street2:			· · · · · · · · · · · · · · · · · · ·		Middle Name:			
* City:	Hayward		County Alameda		* Last Name: Sc	hmidt		
* State:	CA * Zip 0	Code: 945	544 * Cour	ntry USA	Suffix:		hmidt@edenhousing.org	
6. * EMPLO	YER IDENTIFICATIO	N NUMBE	======================================	L ₁	* Phone Number (g		Fax Number (give area code)	
23-1716750					(510) 582-1460		(510) 582-6523	
			I REC	CEIVED			her than Institution of F	
8. TYPE OF New	APPLICATION: Continuat	ion [11	LICANT: Lation (Ott	ner than institution of r	
			2	23 2005	Other (specify)			
	enter appropriate letter		· 1		, 	DEDAL AGENOV		
A. Increase Aw	ard B. Decrease Awar uration Other (specify):		Crease JUSTATE C	LEARING HOUS	NAME OF FEI			
					US Department of	Housing and Urban	Development	
10. CATALO	G OF FEDERAL DO	MESTIC	ASSISTANCE	14.157	11. * DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE: Supp	ortive Housing for the	Elderly			Manteca Senior F	lousing 2		
12 * ADEAG	S AFFECTED BY PR	O IECT	(Cities, Counties, States, etc.	o I:	40 Units of Afford	lable Senior Apartme	ents	
l	eca, San Joaquin Co		Cones, Oburnes, States, etc]				
City of Marite	eca, San Soaquin Col	unity						
13. * PROP	OSED PROJECT:		1		14. * CONGRESS	IONAL DISTRICTS	OF:	
* Start Date			* Ending Date		* a. Applicant		* b. Project	
04/09/2007			05/07/2008		13		11	
15. * ESTIMA	ATED FUNDING:				16. IS APPLICATI		REVIEW BY STATE EXECUT	IVE
* a. Federal		\$	4,441,376	.00			ATION WAS MADE AVAILABLE	TO
* b. Applican	nt	\$	10,000	.00	P .		PROCESS FOR REVIEW ON:	
* c. State		\$	1,750,000	.00	✓ YES	DATE 05/18/	/2005	
* d. Local		\$	0	.00	b. PROGR	RAM IS NOT COVERE	D BY E.O. 12372	
* e. Other		\$	0	.00	OR PRO	OGRAM HAS NOT BE	EN SELECTED BY STATE FOR	REVIEW
* f. Program	Income	\$	0	.00	17. IS THE APPLIC	CANT DELINQUENT	T ON ANY FEDERAL DEBT?	
g. TOTAL		\$ [6,201,376	.00	Yes If "Ye	es," attach an explai	nation.	/ No
					ATION ARE TRUE AND CO ASSURANCES IF THE AS		NT HAS BEEN DULY AUTHORIZED E D.	Y THE
a. Authori			* First Name: Line	da	N	Middle Name		
Representa	tive * Last Name:	Mandol	ini			\$	Suffix:	
* b. Title: E	xecutive Director			* c. Tel	ephone Number (give	area code): (510) 5	582-1460	
* Email: LM	nandolini@edenhousi	ng.org		Fax Nu	mber (give area code): (510)	582-6523]
d. Signature	of Authorized Represe	entative:	Joyan	od of Subnassion to	Grants.gov e.	Date Signed: Com	photod by submission to Gran	ıts.gov
L							· / / / / V W U U	

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE			2. DATE SUBMITTED		7	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY	STATE		State Application Identifier		
Construction	Construct		4. DATE RECEIVED BY	FEDERAL AGE	NCY	Federal Identif	er ·	
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION	Se NON-CONSI	Iugnon						
Legal Name:		Organizationa						
CSU, Chico Research Found	ation			Department: C	Office of	Sponsored	Programs	
Organizational DUNS: 61-217	7-7162	RE	ECEIVED	Dívision:				
Address:		I C.L.	-VEIVED				son to be contacted on matters	
Street:		M	AY 2 3 2005	involving this application (give area code) Prefix: First Name:				
CSU, Chico - Bldg. 2	25	171	AT 2 9 ZUUJ			not realis.		
Clty: Chico		STATE	CLEARING HOUSE	Middle Name			·	
County: Butte		NA HORSTON CONTRACTOR EX	organisa da de la composició de la compo	Last Name				
State: CA	Zip Code 95	929-0	870	Suffix:				
Country:			-	Email:				
6. EMPLOYER IDENTIFICATIO	N.NUMBER (E	IN):		Phone Number	r (give are	a code)	Fax Number (give area code)	
68 – 0386518				(530) 898	8-570	0	(530) 898-6804	
8. TYPE OF APPLICATION:				, ,			of form for Application Types)	
☑ New	√ П сог	ntinuatio	n Revision	1		•		
If Revision, enter appropriate lett	er(s) in box(es)		II E Kevision	Other - Nonprofit 501(c)3				
(See back of form for description	of letters.)			Other (specify)				
Other (specify)		9. NAME OF FEDERAL AGENCY: US Fish & Wildlife Service						
10. CATALOG OF FEDERAL D	OMESTIC AS	SISTANC	E NUMBER:				CANT'S PROJECT:	
			N1/A	West Teh	ama F	Rinarian A	ssessment	
TITLE (Name of Program): Anac	dromous Fish	Restorati	N/A - on Program	West ren	اها الظ ا	пранап	is sessifient	
12. AREAS AFFECTED BY PR							•	
Northern California	•		·				·	
13. PROPOSED PROJECT				14. CONGRES	SIONAL	DISTRICTS)F:	
Ctart Date:	Ending Date	E 0/4.4	/07	a Applicant			b. Project	
9/15/05		9/14	/07		econd	SUB IECT TO	REVIEW BY STATE EXECUTIVE	
15, ESTIMATED FONDING:				ORDER 12372	PROCE	SS?		
a. Federal · \$			91,358 ^{.00}	a Vac II TH	IIS PREA	APPLICATION	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$.00	-1		FOR REVIEW		
c. State \$.00	DA	NTE: S	/23/05		
d. Local \$.00	b. No. D PR	ROGRAM	I IS NOT COV	ERED BY E. O. 12372	
e. Other \$			00				T BEEN SELECTED BY STATE	
f. Program Income \$.00		PLICAN		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	•		91,358 ^{.00}	Yes If "Yes"	" attach a	an explanation	. 🖸 No	
18. TO THE BEST OF MY KNO	WLEDGE AND	BELIEF.		<u> </u>				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED	BY THE	GOVERNING BODY OF T					
a. Authorized Representative					kara e			
Prefix	First Name C	arol			Middle N	ıame		
Last Name Sager	Λ				Suffix			
b. Title Director, Office of S		Progran	ns			none Number	(give area code)	
d. Signature of Authorized Repre	sentative (LXA	VARC CAPA		e. Date S	Signed Signed	doc	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

ADDLICATION FOR			•			Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Iden	tifier		
1. TYPE OF SUBMISSION:	Dro application		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier		
Application	Pre-application Construction	n	4. DATE RECEIVED BY F	EDERAL AGEN	CY Federal Identif	ier		
© Construction	O Non-Constru							
Non-ConstructionAPPLICANT INFORMATION		ICLIOII						
Legal Name:	perc			Organizational Department:				
CSU, Chico Research Found	lation		ECEIVED	· On	fice of Sponsored	Programs		
Organizational DUNS: 61-21	7-7162		Reserve N W Install Install	Division:				
Address:			AAY 2 3 2005	Name and telep	hone number of pe	rson to be contacted on matters		
Street:		·		involving this application (give area code) Prefix: First Name:				
CSU, Chico - Bldg. 2	25	STAT	E CLEARING HOUSE	SEL TOTAL				
Chico	L		AND A STREET BEAUTY DESCRIPTION OF THE PROPERTY OF THE PROPERT	Middle Name				
County: Butte				Last Name				
	Zip Code OFC		070	Suffix:				
CA 95929-0670			8/0	Email:				
Country:			· · · · · · · · · · · · · · · · · · ·			Fax Number (give area code)		
6. EMPLOYER IDENTIFICATION	N NUMBER (Ell	V):		Phone Number (•			
68 - 0386518				(530) 898		(530) 898-6804		
8. TYPE OF APPLICATION:						k of form for Application Types)		
☑ Ne If Revision, enter appropriate let		inuatio	n	Other -	Nonprofit 5	01(c)3		
(See back of form for description	n of letters.)	~		Other (specify)				
04 (20016)	l			9 NAME OF FE	DERAL AGENCY:	JS Fish & Wildlife Service		
Other (specify)	* *							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			CE NUMBER:	1		CANT'S PROJECT:		
			N/A -	Cottonwoo	od Creek Ripa	rian Assessment		
TITLE (Name of Program): Ana	dromous Fish R	lestora	tion Program			:		
12. AREAS AFFECTED BY PE						•		
Northern California			, · ·					
13. PROPOSED PROJECT				14, CONGRESSIONAL DISTRICTS OF: a Applicant b. Project				
Start Date: 9/15/05	Ending Date:	9/14	4/07		cond			
15. ESTIMATED FUNDING:				OPDED 12372 I	PROCESS?	REVIEW BY STATE EXECUTIVE		
a. Federal)		98,625 .00	- THI	S PREAPPLICATIO	N/APPLICATION WAS MADE		
h Applicant			.00	, AV	OCESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON		
b. Applicant	,				TE: 1/23/05	•		
c. State	5		.00	\				
d. Local	3		,00	D. NO. 🗀		VERED BY E. O. 12372		
e. Other	6		.00	l ⊔ FO	R REVIEW	OT BEEN SELECTED BY STATE		
f. Program Income	3		.00	17. IS THE API	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?		
g. TOTAL	5		98,625 .00		attach an explanation			
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED	BY THI	F, ALL DATA IN THIS APP GOVERNING BODY OF	THE APPLICANT	APPLICATION ARE AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE		
a. Authorized Representative			- 1- 1- 11 1 - m - 1		Aldia Nac			
Prefix	First Name C	arol			Middle Name			
Last Name Sager					Suffix			
b. Title Director, Office or	Sponsored F	Progra	ams		с. Telephone Numbe (530) 898-5700	r (give area code)		
d. Signature of Authorized Rep	11 7 7 17	Fer	C. Sager	·	e. Date Signed 5	120/05		
Previous Edition Usable Authorized for Local Reproduc	tion					Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10		

Previous Edition Usable Authorized for Local Reproduction

APPLICATION FOR		1		. \	
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED)	Applicant Id	Version lentifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED I	BY STATE	State Applic	cation Identifier
Application Construction	Pre-application	4. DATE RECEIVED I	BY FEDERAL AGENCY		
Non-Construction	O Construction Non-Construction	1	STILDERAL AGENCY	Federal Ider	nuner
5. APPLICANT INFORMATIO	N Non-construction				
Legal Name: CSU, Chico Research Foun	ممنعما		Organizational Unit		
Organizational DUNS:			Department: Office	of Sponsor	ed Programs
61-21	7-7162	ECEIVED	Division:		
Address: Street:		11V 9 9 200F	Name and telephone	number of p	person to be contacted on matt
CSU, Chico - Bldg.	25	MAY 2 3 2005	involving this applic	First Name:	rea code)
Chico		CLEARING HOUSE	Middle Name		
County: Butte	The designation of the second	- SELATING HOUSE	Last Name		
Ctoto	Zip Code				
Country:	95929	-0870	Suffix:		
•		· .	Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
68 - 0386518			(530) 898-570		(530) 898-6804
B. TYPE OF APPLICATION: B. TYPE OF APPLICATION:	' 🗖				ck of form for Application Types)
Revision, enter appropriate let See back of form for description	ter(s) in hox(es)	tion LI Revision	Other - No Other (specify)	nprofit 5	501(c)3
Other (specify)		□ + 1, + 3,		L AGENCY:	US Fish & Wildlife Service
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE TIT	LE OF APPL	ICANT'S PROJECT
FITLE (Name of Program): Ana	dromous Fish Restor	N/A –ation Program	Mill Creek Ripa		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counti	ies, States, etc.):			
Northern California					
3. PROPOSED PROJECT Start Date:	Ending Date: 0/4		14. CONGRESSIONA	DISTRICTS	OF:
Start Date: 9/15/05	Priding Date: 9/1	4/07	a. Applicant second		b. Project
5. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIV
. Federal \$		87,899 ^{.00}	ORDER 12372 PROCE	APPLICATION	VAPPLICATION WAS MADE
Applicant \$.00	AVAILABL	E TO THE ST.	ATE EXECUTIVE ORDER 12373
State \$.00	I	5/23/05	
Local \$,	
Other		.00	b. No. PROGRAM	IS NOT COV	ERED BY E. O. 12372
		.00	OR PROGI	RAM HAS NO	T BEEN SELECTED BY STATE
Program Income \$.00	17. IS THE APPLICAN	T DELINQUE	NT ON ANY FEDERAL DEBT?
TOTAL \$		87,899 .00	-	•	
B. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A	VLEDGE AND BELIE	E ALL DATA IN THE AD-	Yes if "Yes" attach a		
TACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AND T	ATION ARE T HE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
Authorized Representative		AWARDED.		·	
efix	First Name Carol		Middle N	ame	
st Name Sager			Suffix		
Title Director, Office of \$	ponsored Progra	me	c. Telenh	one Number (dive area code)
Signature of Authorized Repres	entative IN	1110	(530) 8	98-5700	Aine alea code)
evious Edition Usable	NINXY	5 L. SASET	e. Date S	igned 5/2,	0/05
thorized for Local Reproduction	\ 1	() -			(Standard Form 424 (Rev.9-200

FEDERAL ASSISTANCE		2. DATE SUBMITTED 5	9-05	Applicant Identifier	$\frac{\text{Version 7/03}}{4-08}$			
1. TYPE OF SUBMISSION: Application	Pre-application	2. DATE RECEIVED BY ST		State Application Identif				
Construction	Construction	4. DATE RECEIVED BY FEI	FRAL AGENCY	Federal Identifier				
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION								
Legal Name: Goleta Valley	Ken		ganizational Unit: partment:					
Organizational DUNS: Gold	tà Valley E	eastitu	vision:					
Address:			•	number of person to b ation (give area code)	e contacted on matters			
Street: PO BOX (756		Prefix: Mr. First Name: Kenneth					
city: Goleta		M	iddle Name	Allau				
County: Santa Ba	rloara	1	st Name	Knigh	it			
State: CA	Zip Code 9316	D S	uffix:	J				
Country: USA			rail: Keun	eth Knight 6 rea coode) JFax Num) cox.net			
6. EMPLOYER IDENTIFICATIO		Pt	none Number (give a	rea code) / Fax Num	fiber (give area code)			
23-739277U		8	05 25 A	1952 805 ANT: (See back of form t	968-8523			
X Nev	Continuatio	i	O. Noupro	. .	of Application Types)			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		her (specify)	()				
Other (specify)		9.	NAME OF FEDER	AL AGENCY: + SI FOXST SI TLE OF APPLICANTS F				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER: 11	DESCRIPTIVE TI	TLE OF APPLICANTS	PROJECT:			
TITLE (Name of Program): C	1 -	10-004	Methodolog	gy for using class, by t	General			
TITLE (Name of Program): C	operative tove	stry Assistance	Plans to	class, by t	rees as			
12 AREAS AFFECTED BY PR	DJECT (Cities, Counties Counties		Capital A					
13. PROPOSED PROJECT			. CONGRESSIONA		<u> </u>			
Start Date: 9/1/05	Ending Date: 2/	31/06	Applicant CA-	23rd b. Project	t			
15. ESTIMATED FUNDING:		16		SUBJECT TO REVIEW	BY STATE EXECUTIVE			
a. Federal \$	2	TREE. LU		EAPPLICATION/APPLICATION				
b. Applicant DE	FIVED 2	6 000	AVAILAB	LE TO THE STATE EXE S FOR REVIEW ON	DUTIVE ORDER 12372			
c. State	CIVED F	3,000	DATE:	5/18/05				
d. Local MAYS	2 0 2005	, ou	No. PROGRA	M IS NOT COVERED BY	r E. O. 12372			
e. Other \$	ADING HOUGE	.00		RAM HAS NOT BEEN S	ELECTED BY STATE			
f. Program Income STATE C	ARING HOUSE	.00 17	FOR REV	MEW NT DELINQUENT ON AI	NY FEDERAL DEBT?			
g. TOTAL . \$	<u></u>	6,000	Yes If "Yes" attach	an explanation.	& No			
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF	ALL DATA IN THIS APPLIC	ATIONOPERDOLL	CATION ADE TOUE AND	AAAAAA TIR			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	HE ASSISTANCE IS A	WARDED.	APPLICANT AND	THE APPLICANT WILL	COMPLY WITH THE			
a. Authorized Representative Prefix Nr.	First Name	+.	Middle	Name A //				
Last Name	V	yeth	Suffix	Allan				
b. Title	- Ani	ght		phone Number (give area				
d. Signature of Authorized Repres	eutim D	rector	/ A	805 25	z-195Z			
Previous Edition Usable	Ken	neth allen 1	Keight Date	Signed 3-9-	05			
Authorized for Local Reproduction	1	· . ·		Standa Prescrib	rd Form 424 (Rev.9-2003) ed by OMB Circular A-102			

APPLICATI			2. Date Submitte	ed (mm/dd/yyyy)	Applicar 'entifier	OMB Approval No. 0348-004
	SSISTANCE	1	5/15/05		1	ESG-2005
1. Type of Submi Application		application	3. Date Received	d by State (mm/dd/yyyy)	State Applicant Identif	ler
Construction	·	Construction	4. Date Received	by Federal Agency	Federal Identifier	
X Non-Construc	tion [] !	Non-Construction	(mm/dd/yyyy)	wy reactar Agency	rederal identifier	
5. APPLICANT IN	IFORMATION				<u>.</u>	
Legal Name:		_	zational DUNS:	Organizational Unit:		
San Diego Urban (ounty ounty, state, and zip code		581646	County of S	an Diego – Dept. of Housing	g and Community Development
3989 Ruffin Roa		<i>e)</i> :		application (give area of	umber of the person to be conta	cted on matters involving this
San Diego, CA	-				Community Development Ma	anager
					ella@sdcounty.ca.gov 02; Fax: 858-514-6509	
6. EMPLOYER ID	ENTIFICATION NUM	MBER (EIN):		7. TYPE OF APPL	ICANT:	ГвП
				(enter appropriate letter in	•	lled Institution of Higher Learning
		·		B. County	J. Private Unive	the state of the s
8. TYPE OF APPL	ICATION:			C. Municipal	K. Indian Tribe	· · · · · ·
	☐ New	X Continuation	Revision	D. Township E. Interstate	t. Individual M. Profit Organi	zation
If Revision, enter appr	opriate letter(s) in box(es	,		F. Intermunicipal	N. Nonprofit	
				G. Special Distric	t O. Public Housi	ng Agency
A. Increase Award	B. Decre	ase Award C. I	ncrease Duration	H. Independent Scho	ol Dist. P. Other (Specify)	
D. Decrease Durati	on Other (sp	pecify):		9. NAME OF FEDE		
40 0474100 57				U.S. Dept. of Hou	using and Urban Developme	ent
10. CATALOG OF ASSISTANCE I	FEDERAL DOMEST NUMBER: (xx-yyy)	TIC 1 ·4	. 2 3 1		TITLE OF APPLICANT'S P	
				emergency shelters.	operating expenses of home	ed for renovation of structures f neless shelters, provision of essenti
				services to the home	less &/or homeless prevent	ion.
. TITLE: Emerger	ncy Shelter Grant					
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, s	states, etc.):		RI	ECCIVED
Unincorporated A	reas and Coronado,	Del Mar. Imperial Be	each Lemon Grove		111	ECEIVED
	Poway and S	Solana Beach			l M	AY 2 0 2005
						2 0 2003
13. PROPOSED PR	ROJECT:	14. CONGRESS	IONAL DISTRICTS O	I DF:	STATE	CLEARING HOUSE
Start Date (mm/dd/yyyy)	Ending Date	a. Applicant			b. Project	
	(mm/dd/yyyy)	,	49, 50, 51, 52 and	53	49, 50	0, 51, 52 and 53
7/1/05	6/30/06					
15. ESTIMATED FU	INDING:		16. IS APPLIC	ATION SUBJECT TO R	EVIEW BY STATE EXECU	TIVE ORDER 12372 PROCESS?
			a. YES. THI	S PREAPPLICATION/APPLI	CATION WAS MADE AVAILABLE	E TO THE
Federal	\$208,917		8	HATE EXECUTIVE ORDER	12372 PROCESS FOR REVIEW	Y ON:
Applicant	\$208,917		DAT	E (mm/dd/yyyy)	5/15/05	
TOTAL	\$417,834					
Complete for	m HUD-424-M, F	unding Matrix				
				PROGRAM HAS NOT BEEN	ED BY E.O. 12372 N SELECTED BY STATE FOR F	DEV/IEW
			17. IS THE AP		ON ANY FEDERAL DEBT	
8. TO THE BEST OF MY K	NOWLEDGE AND BELIEF,	ALL DATA IN THIS APPLIC	CATION/PREAPPLICATION	If "Yes," attach an explant ARE TRUE AND CORRECT. THE	DOCUMENT HAS BEEN DUTY	X No
OTHORIZED BY THE GOV	ERNING BODY OF THE AP	PLICANT AND THE APPLIE	CANT WILL COMPLY WITH	THE ATTACHED ASSURANCES	IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Autho	rized Representative MS. CATHERIN	NE J. TROUT		b. Title		c. Telephone number
	· · · · · · · · · · · · · · · · ·				inty of San Diego Community Development	(Include Area Code) 858-694-4885
. Signature of Authorize	ed Representative				, 20. Siopinon	
						e. Date Signed (mm/dd/yyyy)
evious Edition Usable)	·				
97)						Standard Form 424

Standard Form **424** Prescribed by OMB Circular A-102

APPLICAT			2. DATE SUBI	MITTEO		Appilo	ant identifier	DEC	FIVE)		
FEDERAL	ASSISTA	NCE	5/23	/05		'		11	Basem N 12		í	
1.TYPE OF SUB	MISSION:			IVED BY STATE	=	State	Application Ide	NAY	2 0 2005			
Application	Pro	eapplication —						• • • • • • • • • • • • • • • • • • • •	~			
Construct	ion	Construction	4. DATE RECE	IVED BY FEDE	RAL AGENCY	Feder	al Identifler		LEARING HO	USE	Γ	
Non-Cons		Non-Construction						STATE	LEARING	-)	
5. APPLICA									and the second s			
Legal Name: So					Organizational Unit;							
Address (give c		• •					e number of por ∧ area code)	son to be con	tacted on matters	Ιπνοίνὶ	ing	
Riverside,	wood Drive, I CA 92501	Bldg D				,_		692 205	e			
6. EMPLOYER IC	DENTIFICATION	(EINI:			Marty Leavitt, 951-682-3956 7. TYPE OF APPLICANT: (enter appropriate letter in box)							
3 3	- 0 8	2 0 5	1 5		A. State M. Independent School Dist.							
8. TYPE OF APPLICATION: New Continuation Ravision				Ravision	G. County G. Municipal D. Township E. Internunicipal G. Special District M. Profit Organization G. Special District M. Other (Specify)						ing	
If Revision, enter appropriate fetter(s) in								. (-)				
A. Increase D. Decrease		. Decrease Award ther (specify):	c, Increase Du	ration								
					9. NAME OF	FEDER	AL AGENCY:	· · · · · · · · · · · · · · · · · · ·				
			·		US	SDA	NRCS					
10. CATALOG O	F FEDERAL DO	MESTIC ASSISTANCE	NUMBER:		11. DESCRIP	TIVE T	TLE OF APPLI	CANT'S PROJ	IECT:			
1 0 - 9 0 1				0 1			n Develop	oment ar	nd			
12. AREAS AFFE	CTED BY PRO	JECT (Citles, Counties,	States of 1		impi	eme	ntation					
		tee (tottes, commiss,	States, etc.)	j								
Vent	<u>ura,</u> Los <i>A</i>	Angeles, Rive	rside, Sar	n Berna								
13. PROPO	SED PROJEC	CT 14. CONGRE			F:		· · · · · · · · · · · · · · · · · · ·					
	Ending Date	a. Applicant			b. Proje	ect	***************************************					
9/1/04	10/31/06	South C	oast RC8	dD.	/	Агеа	Plan Imp	lementa	tion			
	15.	ESTIMATED FUI	NDING		16, IS A	PPLIC	ATION SUBJEC	T TO REVIEW	V BY STATE EXE	CUTIVE		
a. Federal		\$		15,000	امما		2372 PROCESS					
b. Applicant		\$,, o		THIS PREAPPL AVAILABLE TO 12372 PROCES	THE STATE	LICATION WAS M EXECUTIVE ORDE W ON:	ADE ;R		
c. State		\$	***************************************									
d. Local		s				1	DATE					
e. Other		ş			b. 1]]	OR PROGRA	AM HAS NOT	ERED BY E.O. 123 BEEN SELECTED			
f. Program in	ncome	ş			17. (5.7)	HE AD	STATE FOR		NY FEDERAL DEE	-		
g. Total		s		15,000.			ttach explanation			нү		
APPLICANT V	VILL COMPL	KNOWLEDGE A ENT HAS BEEN Y WITH THE AT	AND BELIEF DULY AUTI TACHED AS	ALL DATA HORIZED B' SURANCES	IN THIS A Y THE GO IF THE AS	VERN SSIST	CATION/PRE IING BODY ANCE IS AV	EAPPLICAT OF THE A VARDED.	TION ARE TRI APPLICANT AI	JE AN	HE VD	
Type Name of A	uthorized Repre	sontative		b, Title	_				phone Number			
Mar Fy	Leau.	TI		Presi	<u>ide</u> nt			(9	951) 682-39	156		
Mil or All	TOTIZED KOPTOO	ntative				-			Signed			
revious Edition Us	18616 V	Cart						_ 5	120/00	- -		
AUTHORIZED FOR	LOCAL REPROD	UCTION					ST.	ANDARD I	FORM 424 (RE	V. 4-92	<i>s</i>)	

Standard Form 424

Prescribed by OMB Circular A-102

(7/97)

APPLICATION FOR				-	Version 7/03
FEDERAL ASSISTANCE	CE	2. DATE SUBMITTED	5/16/05		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicat	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	ON		Organizational Ur	nit:	
-	. 71604 L A		Department:		
Access Services, Inc. PO Box Organizational DUNS:	X 7 1004, L.A.		Division:		
883300121 Address:			Name and telepho	one number of pe	erson to be contacted on matters
Street:			involving this app	olication (give are	ea code)
PO Box 71684			Prefix:	First Name: Matthew	
City: Los Angeles, CA			Middle Name		
County: Los Angeles			Last Name Avancena		
State: CA	Zip Code 90071		Suffix:		
Country: USA			Email: avancena@asila.d	org	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		Phone Number (giv	ve area code)	Fax Number (give area code)
9 5 -4 4 8 9 7 1	11		213.270.6000		213.270.6048
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
2 1	lew 🖺 Continuatio	n Revision	0		
lf Revision, enter appropriate (See back of form for descript	letter(s) in box(es)		Other (specify)		
Other (specify)			9. NAME OF FED Federal Transit Ad		
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	CE NUMBER:	i e		ICANT'S PROJECT:
			1) Transportation	Services Including	eligibility, customer services and
TITLE (Name of Program): 5310			purchased transpo	ortation; 2) Venicle	Replacement
12. AREAS AFFECTED BY	PROJECT (Cities, Counties	s, States, etc.):			
Los Angeles County					
13. PROPOSED PROJECT	E P D L		a. Applicant	ONAL DISTRICTS	b. Project
Start Date: 7/1/2005	Ending Date: 10/31/06		21-47		21-47
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	S	49,170,000	a. Yes. THIS	PREAPPLICATIO	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant	ECEIVED	00	/ (7 / 11 -	CESS FOR REVIE	
c. State	MAY 2 0 2005	.00	DATE		
d. Local	 \$	6,370,494 ·	D. NO. III		VERED BY E. O. 12372
e. Other ST/	TE CLEARING HOUS	SE .00	☐ FOR I	REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APPL	ICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	55,540,494 ·	l	tach an explanatio	
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	IP IN		Mic	idle Name	
	Tringrisatine Mi	LTTHEW	Su		
Last Name AUAWO					r (give area code)
b. Title a. Signature or Authorized Re	PANTS APMI	MISTRATOR	21	Felephone Numbe 3.270.6000	
a. Signature or Authorized Re	presentative Worther Cre	elecen	e. I	Date Signed 5/	16/05

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier			
			R9 Tracking # 04-540			
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
	Preapplication					
	Construction	4. Date Rec'd by Federal	Federal Identifier			
_X Nonconstruction	Nonconstruction					
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Lahontan Regional Water Quality Co				
(give city, county, state, and	•	Name and telephone of person to be				
,	esources Control Board	involving this application (give area	code):			
•	Sacramento County	Chuck Curtis				
Sacramento, C	alifornia 95814	(530)542-5470				
6. Employer Identification 1	Number (BJN): 680281986	7. Type of Applicant: (enter appropriate A. State H. Indep	riate letter)A pendent School District			
6. DUNS Number: 808	321913	B. County I. State I	Institute of Higher Learning			
8. Type of Application:		C. Municipal J. Privat	te University			
X New Revision	Continuation	D. Township K. India	n Tribe			
If Revision, enter appropriat	c letter(s):	E. Interstate L. Indiv	idual			
A. Increase Award	B. Decrease Award	F. Intermunicipal M. Prof	it Organization			
C. Increase Duration	D. Decrease Duration	G. Special District N. Other	r (specify)			
Other (specify)	W 1100 L S	O Numa of Furiaril Assertan	in Tribe ridual it Organization r (specify) STATE CLEARING HO			
10. Catalog of Federal Dom	estic Assistance Number	9. Name of Federal Agency: U. S. Environmental Protection Agency				
66.436			"NG HO			
Title: Surveys, Studi	es, Investigations, Demonstrations	11. Descriptive Title of Applicant's	Project:			
•	nts, and Cooperative Agreements	The project tasks include: 1) identify				
Section 104(· · · · · · · · · · · · · · · · · · ·	2) determine method and process of				
12. Area Affected by Project	T:	alternatives, 3) measure progress bas	•			
(cities, counties, states, etc.)		selected, and 4) complete a monitoring plan.				
Lake Tahoe, C	alifornia					
13. Proposed Project:						
Start Date	End Date	14. Congressional District of:				
7/1/2005	6/30/2008	Applicant: Project:				
		3 Californ				
15. ESTIMATED FUNDIN	G:	16. Is the application subject to review by the State				
		Executive Order (EO) 12372 process				
а. Federal	\$1,378,303		n/preapplication was made			
b. Applicant	\$0	available to the State E	SO 12372 process for			
c. State	. \$0	review on:				
d. Local	\$0		lay 20, 2005			
e. Other	\$0		covered by EO # 12372			
f. Program Income	\$0		ot been selected by the			
TOTAL	Ø L 2/70/2/07	state for review				
g. TOTAL	\$1,378,303	17. Is the applicant delinquent on ar	-			
		YES, attach explanation	X NO			
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION/PREA	PPLICATION ARE			
1		AUTHORIZED BY THE GOVERNING				
I '		THE ATTACHED ASSURANCES IF T				
IS AWARDED.						
a. Typed Name of Authorize	ed Representative	b. Title:	c. Telephone Number			
Celeste Cantú	·	Executive Director	(916) 341-5615			
			` ´			
d. Signature of Authorized	Representative		c. Date Signed:			
			1			

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Iden	lifier	Version 7/03
1. TYPE OF SUBMISSION: Application	Pre application	3. DATE RECEIVED BY	May 20, 2005 STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ier	
Non-Construction	Non-Construction					
6. APPLICANT INFORMATION Legal Name:	N		Organizational Unit:	and the second of the second o	Trad Sec. (Medical Sec. A. Stock Street, Sec. Co.)	
Sustainable Conservation			Department:			
Organizational DUNS:			Division:	manufacture of the Control of the Control	20. 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
82-626-2818 Address:		Barrers S N Transac Sensor	Name and telephone	number of ne	rson to be contacted	on matters
Street:	HEC	LIVED	involving this applic			••••••••••••••••••••••••••••••••••••••
121 Second St., 6th Floor		The state of the s	Prefix: Ma.	First Name: Kristen		
Cily: San Francisco	MAY	1 9 2005 —	Middle Name	Kristeri	,	, , , , ,
County:			Last Name			· ·
San Francisco STATE CLEARING HOUSE State: Zip Cdde			Hughes Suffix:			
CA	Zip Cdde 94105	Approximately (APP) Approximately (APP)	Email:			
Country: U.S.			khughes@suscon.org			
6. EMPLOYER IDENTIFICATI			Phone Number (give area code)			
9 4 = 3 2 3 2 4 3 8	7)				415-977-0381 k of form for Application	Tungel
O. TYPE OF APPLICATION.	w D Continuation	n Revision	1			т турса)
If Revision, enter appropriate is (See back of form for description	etter(s) in box(cs)	H 1404(3)0(1	O. Non profit organiz	allon 501 (c)(3)		
gaee back of form for description	on of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER. U.S. EPA, Region 9,		/	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
		66-463	Demonstration and E Lagoon Nitrogen Ren		eciprocating Biofilter fo	or Dairy .
TITLE (Name of Program): Clean Wator Act Section 104(i			Luguon muogan non			
12. AREAS AFFECTED BY P	ROJECT (Citles, Countie	s, Statos, etc.).				
California's Central Valley and	regions with nitrate conta	mination of groundwater				
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	AL DISTRICTS	OF:	
August 1, 2005	July 30, 2006	•	B. Applicant		11,16, 19, 20, 21, 22	
16. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE	XECUTIVE
a. Federal	Ġ.	125.000 °	THIS PRI	EAPPLICATION	I/APPLICATION WAS I	
b. Applicant	\$, pa		S FOR REVIEW		ER 123/2
c. State	\$,50	DATE: M	1ay 20, 2005		
d. Local	\$		b. No. PROGRA	M IS NOT COV	'ERED BY E. O. 123 7 2	<u>:</u>
e. Other	\$	165,890			T BEEN SELECTED B	Y STATE
f. Program Income	\$				NT ON ANY FEDERAL	L DEBT?
g. TOTAL	\$	290,690	Yes If "Yes" attact			
16. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPLI THE APPLICANT AND	THE APPLICA	RUE AND CORRECT	THE
a Authorized Representative Profix	First Name Ashley		Middle	Name		
	Lanna A		1			

Last Name, Boren b. Title Executive Director c. Telephone Number (give area code) 415-977-0380 ext. 306 d. Signature of Authorized Representative
Previous Edition Utable e. Date Signed May 26, 2004

Authorized for Local Roproduction

APPLICATION FOR				Applicant Identi	Versian 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED			. 11000
1, TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application	1800
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identific	er
Non-Construction	Non-Construction	<u> </u>			
5. APPLICANT INFORMATION		·	Organizational Uni	t:	
Legal Name:			Department:	sing Development	
	a Housing, Inc.	RECEIVED	Division:		
Organizational DUNS: 626484	37	IL VI V L	II Not	Applicable	son to be contacted on matters
Address:		MAY 1 9 2005	Involving this appl	ication (glve area	code)
Street: 2526 Martin Luther I	(Ing Jr. Way	MMI I V ZOOJ	Prefix:	First Name:	
City; Berkeley	STA	TE CLEARING HOUSE	Middle Name		
County:		THE RESIDENCE OF THE PROPERTY	Last Name Kojima		
Alameda State:	Zip Çade		Suffix:		, • • • • • • • • • • • • • • • • • • •
California	94704		Email:		
Country: U.S.A			dkojima@s	ethomes.org	Fax Number (give area code)
6. EMPLOYER IDENTIFICATION			510-647-0700 ext 1		510-647-0820
99-3031375	<u> </u>		l .		of form for Application Types)
8. TYPE OF APPLICATION:	w ID Continu	ation 🖾 Revision	7, TYPE OF APPL	CANI. (See Date	(d) ldilli ldi Application - yp==/
If Revision, enter appropriate le (See back of form for description Other (specify)	tter(s) in box(es) n of letters.)		Other (specify) O. 8. NAME OF FEDE Department of Hou	Not for Profit Orga ERAL AGENCY:	
10. CATALOG OF FEDERAL			Department of not	SITY E OF ABBLE	CANT'S PROJECT:
TITLE (Name of Program): HUI 12. AREAS AFFECTED BY P City of Walnut Creek, County	ROJECT (Cities, Cou	using Program inties. States, etc.):			
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	
Start Date:	Ending Date:	8/2008	a, Applicant		b. Project
02/2006 16, ESTIMATED FUNDING:		B/2000	16. IS APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
		- CU	ORDER 12372 PR	DEEAPPLICATION	NAPPLICATION WAS MADE
a. Federal	\$	550,000	a. Yes, McJ. AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 123/2
b. Applicant	\$	10,000		ESS FOR REVIE	W ON
c. State	\$	0 '		: 05 / 19 / 05	
d. Local	\$	1,250,000	D. NO. D.J		VERED BY E. O. 12372
e. Other	5	330.000	14 EOD 5	コニンパをハル	OT BEEN SELECTED BY STATE
f. Program Income	\$	3,632,672	17. IS THE APPL	CANT DELINQUE	ENT ON ANY FEDERAL DEBT?
g, TOTAL	\$	5,972,672		tach an explanatio	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY	THE GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE IND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
A Authorized Depresentative	First Name	-	Mic	ddle Name	
Prefix Mr.	Ari	ion (Ryan)		ffix	
Last Name Chao			!	Talachone Numba	r (glve aras code)
b. Title Executive Director				510-6	47-0700
d. Signature of Authorized Re	presentative		e.	Date Signed 5	119/01
					Standard Form 424 (Rev.9-

Versian 7/03

FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Idea	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	ICY Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Uni	t:		
American Baptist Homes of the	West		Department:			
Organizational DUNS:			Division:			
Address:	169-1307		Name and telephor	ne number of ne	erson to be contacted on matters	
Street:	4 11 12 1 2 1 1 1		involving this appl	ication (give are		
6120 Stoneridge N	viali Rd. 3rd Floor		Prefix:	First Name:	Kevin	
City: Pleasanton			Middle Name			
County: Alameda		- Annual	Last Name Kr	nudtson		
State: CA	Zip Code 94588		Suffix:			
Country: USA			Email:	ındtson@commi	unityeconomics.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
94-1225374			(510) 832-8300 x30	01	(510) 832-2227	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)	
✓ Nev	w Continuatio	n 🔲 Revision	O - Not for Pro	•	71	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	· · ·	Other (specify)	THE STATE OF THE S		
Other (specify)	· 📙		9. NAME OF FEDER	RAL AGENCY:		
			U.S. Department of	Housing & Urbar		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC				CANT'S PROJECT:	
TITLE (Name of Dogwood)		1 4 - 1 5 7	Section 202 Suppor	tive Housing for	ine Elderly	
TITLE (Name of Program): Section 202 Supportive Housing	g for the Elderly					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	7			
Daly City CA, San Mateo Co	unty		•			
13. PROPOSED PROJECT	TE-U-D-4-		14. CONGRESSION	IAL DISTRICTS		
Start Date:	Ending Date:		a. Applicant	8	b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE	
a. Federal \$		4,775,000	THIS PE	REAPPLICATION	I/APPLICATION WAS MADE	
b. Applicant \$.		4,773,000	_ AVAILAI	BLE TO THE ST. SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON	
c. State	CEIVED	00	DATE:	5/18/05		
d Local	- 2205	00	-	• •	/ERED BY E. O. 12372	
e. Other \$	AY 1 9 2005	1,400,000	_ D. NO. [[.]		T BEEN SELECTED BY STATE	
	E CLEARING HOUS	E 00	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?	
	E GLEARING THE		- 17.15 THE APPLICA	ANI DELINQUE	NI ON ANT PEDERAL DEBT!	
g. TOTAL		6,175,000 ·	Yes If "Yes" attac	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF				
a. Authorized Representative Prefix	First Name		Middl	e Name		
Last Name	David		Suffix	В.		
Ferguson					,	
b. Title Presid คก /CEO ABHOV	Y		. (9	ephone Number 25) 924-7113	(give area code)	
d. Signature of Authorized Repre	le tylin		e. Dat	te/Signed	-	
Previous Edition Usable Authorized for Local Reproduction			7		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:	*	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGE		CY Federal Identit	fier	
Construction Non-Construction	☐ Construction ☐ Non-Construction				,	
5. APPLICANT INFORMATION	Test Non-Constitution		Organizational U	Init:		
Legal Name:	AA/4		Department:	mit:		
American Baptist Homes of the Organizational DUNS:	vvest		Division:			
07-1	69-1307		Name and telephone number of person to be contacted on matters			
Address: Street:			involving this ap	plication (give are		
6120·Stoneridge M	lall Rd. 3rd Floor		Prefix:	First Name:	Kevin	
City: Pleasanton			Middle Name			
County: Alameda		Last Name	Knudtson			
State: CA	Zip Code 94588		Suffix:			
Country: USA			Email:	kkundtson@commu	initveconomics.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)	
9 4 - 1 2 2 5 3 7 4]		(510) 832-8300	x301	(510) 832-2227	
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bacl	k of form for Application Types)	
If Revision, enter appropriate lett	v Continuation er(s) in box(es)	n 🗔 Revision	O - Not for F	Profit		
(See back of form for description		Other (specify)				
Other (specify)			DERAL AGENCY: of Housing & Urban	Development		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	'		CANT'S PROJECT:	
		1 4-1 5 7	Section 202 Supp	portive Housing for t	he Elderly	
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly					
12. AREAS AFFECTED BY PR		s, States, etc.):				
South Lake Tahoe, CA, El Do	orado County		•			
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
				8 TON SUBJECT TO	4 REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:		00	ORDER 12372 PF	ROCESS?		
a. Federal \$		3,857,700	a. Yes. AVAI	LABLE TO THE STA	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		•		CESS FOR REVIEW		
c. State		.00	DATE	= 5/18/05		
d. Local	CEIVED	3,405,000	D. NO. 11.1		'ERED BY E. O. 12372	
a Other \$.00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$	AY 1 9 2005	.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL STATE	CLEARING HOUSE	7,262,700	Yes If "Yes" at	ttach an explanation	ı. 🗀 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WI-EDGE-AND BELIEF	. ALL DATA IN THIS APP	THE APPLICANT A	PPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF 1 a. Authorized Representative	THE ASSISTANCE IS A	WARDED.				
Prefix	First Name David		Mi	ddle Name B.		
Last Name Forgueon	L		Su	iffix		
b. Title	IOM		, ç. °	Telephone Number	(give area code)	
President/CEO/ABH d. Signature of Authorited Repre			e.	(925) 924-7113 Date Signed		
Previous Edition Usable	gum-			5/11/05	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	ok			•	Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Iden	Version 7/03 tifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction		•			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
City of Orovill			Department:			
Organizational DUNS:	<u> </u>		Division:			
Address:					rson to be contacted on matters	
Street: 1735 Montgomery	Street		involving this applic Prefix:	First Name:	Diane	
City:Oroville		Middle Name		Diane		
County: Butte			Last Name MacMi	llan		
State: CA	Zip Code 95965	•	Suffix:			
Country:			Email:	ndd@cityo	foroville.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area codé)	
94-6000387]		(530) 538-24	13	(530) 538-2525	
8. TYPE OF APPLICATION:	v 🔲 Continuatio	n 🔲 Revision	7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
If Revision, enter appropriate let (See back of form for description	er(s) in box(es)	n Revision	Other (specify) Municipal			
Other (specify) 9. NAME OF FEDERAL AGENCY: USDA Rural Development					ent	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Decree)		10-766	City Expan	sion and	Remode1	
TITLE (Name of Program): Community Facil	ity Loan Prog	ram				
12. AREAS AFFECTED BY PR City of Oroville	OJECT (Cities, Counties	s, States, etc.):				
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:			
Start Date:	Ending Date:		a. Applicant 4th		b. Project 4th	
15. ESTIMATED FUNDING:			16. IS APPLICATION		REVIEW BY STATE EXECUTIVE	
a. Federal	######################################	- 70 0 000	ORDER 12372 PROC	APPLICATION	/APPLICATION WAS MADE	
b. Applicant	ECEIVED	700,000		LE TO THE STA S FOR REVIEW	(IE EXCOUNTE ONDER IEOTE	
c. State \$	A A 1	.00	DATE:			
d. Local \$	MAY 1 9 2005	5 5,000	b. No. 🔲 PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other STAF	E CLEARING HOUS		OR PROC FOR REV		F BEEN SELECTED BY STATE	
f. Program Income	CONTRACTOR STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY O	DO NOTICE OF THE PROPERTY OF T			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		755,000	Yes If "Yes" attach	an explanation.	. 🔯 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	WLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF	PLICATION/PREAPPLICE THE APPLICANT AND	CATION ARE T THE APPLICAL	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	IF: AND		Middle	Namo		
Prefix	Sharon	<u> </u>	Suffix	L.		
Last Name Atteberry						
b. Tide City Administrat		4	c. Telephone Number (give area code)			
d. Signal the of Authorized Repre	sentative Utt	uny	e. Date May	Signed 2005		
Previous Edition Usable Authorized for Local Reproduction	on	1			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Id	Version 7/
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applic	allon Identifier
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	r Federal Idea	ntifler
Non-Construction	Non-Construction	λ Π			
5. APPLICANT INFORMATION	N	<u> </u>			
Legal Name;			Organizational Un	it:	
	te Housing, Inc.		Dopartment: Hou	using Developm	ent.
Organizational DUNS: 07392		****	Division:	Applicable	
Address:	Series	Perm Colones I I I I I I I I I I I I I I I I I I I			person to be contacted on matters
Street: 2526 Martin Luther	King Jr, Way	RECEIVED	involving this app Prefix:	lication (give a First Name:	rea code)
City: Berkeley		MAY 1 9 2005	Middle Name		Dorl
County: Alameda			Last Name Kojima	• •••	
State:	ZIp Code	TE CLEARING HOUSI	Suffix:		
California Country:	94704				
´ U.S.A			Email: dkojima@s	ethomes.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
99-3031375	5		510-647-0700 ext 1	14	510-647-0820
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See ba	ck of form for Application Types)
New New York	ter(s) in box(es)	tion (Revision	Other (specify) O. 9. NAME OF FEDE	Not for Profit Or	
			Department of House		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program); HUD 12. AREAS AFFECTED BY PR City of Walnut Creek, County of 13. PROPOSED PROJECT	Contract (Cines, Coping	1 4-1 5 7 sing Program lies, States, etc.):			iousing expansion of Casa Montego
Start Date:	Ending Date:		14. CONGRESSION	NAL DISTRICTS	
02/2006		2008	a. Applicant		b. Project
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		_ub	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
b. Applicant S		550,000	Jan rosi 📶 AVAILA	BLE TO THE S'	TATE EXECUTIVE ORDER 12372
c. State \$		10.000			
		0 .	DATE:	05 / 13 / 0 5	
d. Local \$		1,250,000	b. No. 🗔 PROGR	AM IS NOT CO	VERED BY E. O. 12372
e. Other \$		330.000	OR PRO	GRAM HAS NO	OT BEEN SELECTED BY STATE
. Program Income \$		3,832,672	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
s. TOTAL		5,972,672	Yes If "Yes" attac	ch an explanatio	n. 🖳 No
Authorized Deservation			LICATION/PREAPPL HE APPLICANT ANI	ICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
reflx Mr.	First Name	(Pyon)	Middle	e Name	
ast Name	Arion ((ixyali)	Suffix		
Chao . Title					
Executive Director Signature of Authorized Repres	contativo				(give aroa code) 47-0700
	S S S S S S S S S S S S S S S S S S S	,	e. Dat	e Signed	111/2005
revious Edition Usable				<u>U3</u>	116/2008

APPLICATION FOR FEDERAL ASSISTANCE	E		2. DATE SUBMITTED		Applicant Iden	tifier version //		
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE		State Application Identifier		
Application	Pre-application		4. DATE RECEIVED BY	TENEDAL ÂGEN	CY Federal Identi	ler .		
Construction	Construction		4. DATE RECEIVED BY	PEDEROC AGEN	1 00012/120112			
Non-Construction 5. APPLICANT INFORMATION	Non-Constru	ction						
Legal Name:				Organizational Department:	Unit:			
Council of Fresno County Gove	ernmente							
Organizational DUNS: 14-043-6358		RE	CEIVED	Division:				
Address:				Name and telephone number of person to be contacted on matter (nvolving this application (give area code)				
Streef: 2100 Tulare St. Suite 619		M	AY 1 9 2005	Prefix: First Name:				
City: Fresno	5	STATE	CLEARING HOUSE	Middle Name				
County: Fresna	Paster		AND THE COURSE WAS A STATE OF THE COURSE OF	Last Name Beshears				
State: Ca	Zip Code 93721-2111			Suffix:				
Country:	1 307212111			Emell: beshears@free	2000 050			
6, EMPLOYER IDENTIFICATI	ON NUMBER (EIA	<i>0</i> :		Phone Number		Fax Number (give area code)		
94-218068		•		(559 298-2430		(559) 298-9645		
8. TYPE OF APPLICATION:	£			7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)		
☑ New ☐ Continuation ☐ Revision				Local Governme	ent			
f Revision, enter appropriate le (See back of form for descriptio	otter(s) in box(es) on of letters.)	7		Other (specify)				
Other (specify)				US Environmen	DERAL AGENCY: tal Protection Agency			
10. CATALOG OF FEDERAL	DOMESTIC ASSI	STANC	E NUMBER:	1		CANT'S PROJECT: nagement Program - Agriculture		
TITLE (Name of Program); Clean Water Act Section 104(I 12. AREAS AFFECTED BY P County of Freeno	b)(3) Water Quality ROJECT (Cities, C	Grant Countles	6 6 – 6 0 6 s, States, etc.):	Water				
13. PROPOSED PROJECT			***************************************		SIONAL DISTRICTS			
Start Date:	Ending Date: 12/.31/06			a. Applicant 18,19,20,21		b. Project 18,19,20,21		
07/01/05 15. ESTIMATED FUNDING:	127.31706				TION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
	T.		00	ORDER 12372 F	ROCESS?	NAPPLICATION WAS MADE		
a. Federal	\$ 		248,000	Jartes Ma AVA	VILABLE TO THE ST	ATE EXECUTIVE ORDER 12372		
b. Applicant	\$,••	PRO	DCESS FOR REVIE	VON		
c. State	\$	***	, DO	DAT	E: 05/19/05			
d. Local	\$, uo	b. No. III PRO	OGRAM IS NOT COV	/ERED BY E, O. 12372		
e. Other	\$, cut			T BEEN SELECTED BY STATE		
f. Program Income	\$. 100	17. IS THE APP	REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTÁL	\$		248,000	I	attach an explanation			
16. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED B	IY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE 1 AND THE APPLICA	TRUE AND CORRECT. THE INT WILL COMPLY WITH THE		
a. Authorized Representative Prefix Mrs.	Firet Name				fiddle Name			
Last Name	Barbara				iuffix			
Goodwin b. Title		·		c	. Telephone Number	(give area code)		
re No Blocker	recentative -				559) 233-4148 . Date Signed			
d, Signature of Authorized Rep.	TGABITIALIVO DO	rba	a fooduin		05/19/05	Standard Form 424 (Rev.9-200		
Previous Edition Usable Authorized for Local Reproduct			0			Prescribed by OMB Circular A-1		

						· · · · · · · · · · · · · · · · · · ·	OMB Approval No. 0348-0043
APPLICAT				2. DATE SUBMITTED	•	Applicant lifer	N/A
FEDERAL		ANCE					Vest 1
1. TYPE OF SUE	BMISSION	_		3. DATE RECEIVED E	IV STATE	State Applicant Identifier	
Application		Ривар	plication				N/A
Construction		_	nstruction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Føderal Identifier	N/A
Non-Const			n-Construction				
5. APPLICANT IN	•						
Legal Name: San	\ B∉rnardin	o County	Sheriff's Departm	ent	Organizational Unit:		
Organizational DU	us: 136	763120)		Division: La	w & Justice Gro	up Administration
Address (give city	, county, sta	le, and zip (pde)DECI	EIVED	Name and telephone	number of person to be contain	
655 Eas	t Third St		I HLU	MACAN STATE OF THE PARTY OF THE	application (give area	a code)	Í
P.O. Bo		•	MAY 1	9 2005		lorales, Law & 」 387-0630	lustice Analyst
San Ber	nardino, (CA 92415	3	ARING HOUSE	Phone:	387~0030	
				AHING HOUSE			
6. EMPLOYER ID	ENTIFICATI	ON NUMB	ER (EIN):	open Mad Spirit County September 2001 Nation of Assessment County of the County of t	7. TYPE OF APPLIC	ANT: (enter appropriate lett	er in box) \B_
,	9560	102748			A. Stale	H. Independent Scho	5
					B. County		Institution of Higher Learning
8. TYPE OF APPL	LICATION:			•	C, Municipal D. Township	J. Private University K. Indian Tribe	·
	ıΩı	New (Continuation	☐ Revision	E. Interstato	L. Individual	
·		(Car		C TOPPOINT	f. Intermunicipal		n ·
If Revision, enter a	ppropriate le	iter(s) in ba	x(es):		G. Special Distric	N. Other (Specify)	·
A. Increase Awa		B. Decrea		crease Duration			
D. Decrease Du	ıration	Other (spe	civi:		9. NAME OF FEDER	AL AGENCY:	
						Department of Just	iice
		***			Office o	of Community Oriented P	olicing Services
10. CATALOG OF	FEDERAL	DOMESTIC	ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJ	ECT:
							1
			1 6 . 7	7 1 0	Storage Te	chnology Optica	I Records
TITLE: 2005 To	cchnology L	nitiative			Management		, Kelurus
12. AREAS AFFECTE	ED BY PROJE	CT (clties, c	oundes, states, etc.):		management	(STORM)	
Coun	tv of S	San Be	ernardino,	Ca			
13. PROPOSED P				NAL DISTRICTS OF:		•	
Start Date	Ending Da		a. Applicant		b. Project		
		.	at My-mount		_, . ,		
12/08/2004	12/07/2	005			CA25, CA26, CA41, CA42, CA43		
16, ESTIMATED FL	UNDING:				16. IS APPLICAT	ION SUBJECT TO REVIEW I	BY STATE EXECUTIVE
a. Federal		\$		246661.00	ORDER 1237	2 PROCESS?	
					a. YES. THIS	PREAPPLICATION/APPLICA	TION WAS MADE
b. Applicant		s		OD.		LABLE TO THESTAYE EXEC CESS FOR REVIEW ON:	UTIVE ORDER 12372
					PRO	DESS FOR REVIEW ON:	
c, State		\$.00	DATE	May 17, 2005	
d. Local		\$	-	.00	- L NO D	•	
- O(b						PROGRAM IS NOT COVERE	
e. Olher		\$.00	1	OR PROGRAM HAS NOT BE FOR REVIEW	EN SELECTED BY STATE
f. Program Income		<u>s</u>		.00			
					17. IS THE APPL	CANT DELINQUENT ON AN	Y FEDERAL DEBT?
g, YOTAL		\$,00,	☐ Yes	lf "Yos," attach an explanation.	⊠ .No
18. TO THE BEST OF A	MA KNOMFED	GE AND BE	LIEF, ALL DATA IN TH	(IS APPLICATION/PREA	PPLICATION ARE TRUE A	ND CORRECT. THE DOCUMENT ICES IF THE ASSISTANCE IS AW	HAS BEEN DULY AUTHORIZED
a. Typed Name of Au	uthorized Rep	oresentative)	b. Title			c. Telophone number
			e./Asst. S	her ff Ch	<u>airman - La</u> w	& Justice Grou	o. Date Signed
1. Signature of Autho	neou Kopres I ►	on white		. /	•		S. Dillo Wighton
/ N N	14/11	. % h	relly	ML	•		5-9-05
vious Editions Usable	WHY U	Au	thorized for Cotal Repr	liopopo	Standard Form 424 (RE	V, 4-92)	Prescribed by OMB Circular A-10

Authorized for Local Reproduction

APPLICATION FOR					OMB Approval No. 0348-004
FEDERAL ASSISTAN	VCE	2. DATE SUBMITTED January	30, 2005	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Ide	ntifier
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
Daytop Village Found			Non-Profit		
Address (give city, county, State,	and zip code):				contacted on matters involving
54 West 40th Street New York, New York	10018	,	this application (give a Kathleen Esp	^{rea code)} eio (916) 683-	2064
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter annropriate	letter in har)
	9 2 1		A. State	H. Independent Scho	N
8. TYPE OF APPLICATION:	· ·		B. County	I. State Controlled In:	titution of Higher Learning
☑ New	Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lette	er(e) in hoy/ee)	1	, , ,	K. Indian Tríbe L. Individual	
Trevision, enter appropriate lette	in a pox(ea)		F. Intermunicipal	M. Profit Organization	ŀ
A. Increase Award B. Decr	ease Award C. Increase	Duration	1	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	il Adelloy.	
			9, NAME OF PEDERA	AL AGENCY;	
			USDA-RURAL D	EVELOPMENT	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S	PROJECT:
		10-766	Purchase proper	tv and build facility	for Residential Group
TITLE:	_				ouse Treatment Center
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	1		
Galt California County of	of Sacramento	•			
	14. CONGRESSIONAL DIS	STRICTS OF: 3Nd		^ 11	
Start Date Ending Date	a. Applicant	7.0	District b. Project	ot lea	(d
2/1/05 7/1/05	DAVITO -1	Down HALK	Dos donto	al Tember	and Contes
15. ESTIMATED FUNDING:		i au qui i	16. IS APPLICATION	SUBJECT TO REVIE	V BY STATE EXECUTIVE
			ORDER 12372 PR	OCESS?	
a. Federal	\$ 2 4 91 =	326	- VEC THE PREA	PPLICATION/APPLIC	ATIONINACAANDE
b. Applicant	S. on the state of	00	·1		CUTIVE ORDER 12372
Town F.			1	FOR REVIEW ON:	
c. State	\$	- 00		01/30/05	•
d. Local	MAY 1 8 2005	- 00	DATE		
	•		b. No. TPROGRA	M IS NOT COVERED	BY E. O. 12372
e. Other STAT	E CLEARING HOUSE	00	OR PROG FOR REV		SELECTED BY STATE
f. Program Income	\$	00			
g. TOTAL	\$ 2 1/0 = =	00	1	•	NY FEDERAL DEBT?
g. 1017 tz	3,497 3	15 0 00	Yes If "Yes," a	ttach an explanation	No No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GO	VERNING BODY OF THE	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND IE APPLICANT WILL	CORRECT, THE COMPLY WITH THE
a. Type Name of Authorized Repr	eșentative	b. Title		c. Telephone Number	
(Rev.) Joseph H. Hennen		Vice-President		(973) 668-8648	-
d. Signature of Authorized Replies	entative			e. Date Signed	05
Previous Edition Usable Authorized for Land Reproduction		•			orm 424 (Rev. 7-97) by OMB Circular A-102
A rei PMEGI (ABHTHEOGID)	•			Liezcuned	THE ORIGINAL ATTUE

p.2

						Version 7/03
APPLICATION FO)R	2. DATE SUBMITTED)		Applicant	Identifier
		5/18/2005			DO Tenale	no Number 05-311
FEDERAL ASSIST	IANCE	2 DATE DECEMBE	DV OT ATE		Steta A	ng Number 05-311 lication Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED I	BI SIAIE		State App	neation denantia
☐ Construction ☑ Non-Construction	Construction Non-Construction	4. DATE RECEIVED I	BY FEDERAL A	GENCY	Federal Id	entifier
5. APPLICANT INFORMAT						
Legal Name: University of Re			Organizational	Unit:		
			Department: 0			Studies
Organizational DUNS: 0725	RECE	IVED	Division: Red			The second second second
Address: PO Box 3080	HEUL	A 1000	application (gi		r of person t	o be contacted on matters involving this
Street: 1200 East Colton Aver	. 1	8 2005	Prefix: Ms.			First Name: Lisa
City: Redlands	STATE CLE	ARING HOUSE Middle Name:				
County: San Bernardino	and any other particular and any other particu		Last Name: Benvenuti			
State: CA Zip Code: 92373-0999			Suffix:			
Country: USA			Email: Lisa_B			Fax Number (give area code)
6. EMPLOYER IDENTIFICA			Phone Numbe		ode)	
95-16433			1	(909) 793-2121 x4194 (909) 307-6952 7. TYPE OF APPLICANT: (See back of form for Application Types)		
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			J. Private University 501 (c) (3)			
			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: Sara Bartholomew			
10 CATALOG OF FEDERAL	L DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE (Name of Program): S Purpose Grants 12. AREAS AFFECTED BY Riverside, Imperial, San Dieg	PROJECT (Cities, Coun	rties, States, etc):	The project proposes to (1) design and build a web portal for serving Salton Sea Database Program data and applicationa, (2) convert and publish existing and new Salton Sea Database Program data and bibliographic/multimedia resources via the web portal, and (3) provide continued technical and educational support to a much broader audience of stakeholders involved with or impacted by the Salton Sea restoration project.			
13. PROPOSED PROJECT	-1 mr m. active meters, m. aberte.		14. CONGRE	SSIONAL DI	STRICTS C	OF:
Start Date: 9/1/05	Ending Date: 8/31/06		a. Applicant 41			b. Project 41,43,44,45,52
15. ESTIMATED FUNDING			ORDER 1237	2 PROCESS	?	REVIEW BY STATE EXECUTIVE
	9,200		a. Yes 🔯 7	THIS PREAPI	PLICATION	APPLICATION WAS MADE
b. Applicant \$					ATE EXEC	UTIVE ORDER 12372 PROCESS FOR
c. State S			REVIEW ON	DATE: 5/18/2	2005	
d. Local \$ e. Other \$			b. No 🔲	PROGRAM I	S NOT COV	VERED BY E. O. 12372 OT BEEN SELECTED BY STATE FOR
f. Program Income \$			REVIEW	DDI IC ANT I	DEI INOTTE	NT ON ANY FEDERAL DEBT?
	9,200		Yes If "Yes			No No
18. TO THE BEST OF MY	KNOWLEDGE AND BE ULY AUTHORIZED BY	THE GOVERNING BO	HIS APPLICATION	ON/PREAPPI	ICATION A	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE
a. Authorized Representative						
	rst Name nillip		L.	ddie Name		
Last Name Doolittle				ffix		
b. Title			li i	Telephone Nu	mber (give	area code)
Senior Vice President of Fina				09) 335-5170 Data Signed (
d. Signature of Authorized R	epresentative		e.	Date Signed	,_	

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A DOLLOATI		_					OMB Approval No. 0348-0043
APPLICATION FEDERAL A		-		2. DATE SUBMITTED		cant identifier	A
TYPE OF SUBN Application			npikation	3. DATE RECEIVED BY	STATE	Stale Applicant Identifier	Δ
Construction			onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
⊠ Non-Constru	ction		on-Construction		, as a section		V/A
5. APPLICANT INF			THE CHIEF GEREIT				V V V V V V V V V V V V V V V V V V V
Legal Name: Covi	•		nt		Organizational Unit:		
Organizational DUN		-761-	·			unications	
Address (g/ve city,						number of person to be contacted	1 on matters involving this
444 Nort			Personal Property and Publishers and	SCIVED.	application (give are	a code)	S ON HERICALS HIPONAMIA HIP
Covina, C			HE	CEIVED	Name: Mark	Corder	
Covina, C	.A. 91/2	•	MAY	1 8 2005	Phone: (626)	858-4404	
8. EMPLOYER IDE	NTIFICATI	ON NUME	BER (EIN):	LDING HOUSE	TYPE OF APPLIC	CANT: (enter appropriate letter)	in box) C
		000699	STATE	LEARING HOUS	A. State	H. Independent School I	٠٠٠
					B. County	· ·	titution of Higher Learning
8. TYPE OF APPL	ICATION:				C. Municipal	J. Private University	
	⊠.	New	☐ Continuetion	☐ Revision	D. Township E. Interstate	K. Indian Tribe L. Indi∨idual	
			,		F. Intermunicipa	M. Profit Organization	
If Revision, enter ap			• • •		G. Special Distri	ct N. Other (Specify)	
A. Increase Awa D. Decrease Dur				ncrease Duration	A MARK OF FEBRUARY	AAA AARMAN	
D. DECITES DU	Buch	Other (sq	вспу):		9. NAME OF FEDER	Department of Justic	'A
					Office	of Community Oriented Pol	
10. CATALOG OF	EPDEBAL	DOMEST	C ASSISTANCE M	AARTEN.			
10. CA 1. LOCA OF	LDEICAL	COMES II	C NGGISTANCE N	OMBER:		TITLE OF APPLICANT'S PROJEC	
			1 6	7 1 0		ions console upgra adio acquisition	ade and
TITLE: 2005 To	chnology :	Initiative			portable r	adio acquisition	
12 AREAS AFFECTE	D BY PROJ	ECT (cities,	counties, athires, sta	.):			
City of	Covina	l					
13. PROPOSED P	ROJECT:		14. CONGRESS	ONAL DISTRICTS OF:			
Start Date	Ending D	ete	a. Applicant		b. Project		
12/08/2004	12/07/	/2005	32		32		
15. ESTIMATED FL	INDING:				16. IS APPLICA	ATION SUBJECT TO REVIEW BY	Y STATE EXECUTIVE
a. Federal		\$	· · · · · · · · · · · · · · · · · · ·	123330.00	ORDER 125	172 PROCE857	
· · · · · · · · · · · · · · · · · · ·		<u> </u>			a. YES. THI	S PREAPPLICATION/APPLICAT	ION WAS MADE
b. Applicant		\$.00		AILABLE TO THESTATE EXECU OCESS FOR REVIEW ON:	ITIVE ORDER 12372
c. State		5		.00	DA	TE 5/18/05	
d. Local		s		,00,	b. NO. 1	PROGRAM IS NOT COVERED	D BY E.O. 12372
e. Other		2		.00.	一	OR PROGRAM HAS NOT BEE	N SELECTED BY STATE
		_	- Catalogue de la companya del companya del companya de la company			FOR REVIEW	
f. Program Income		2		.00			
g. TOTAL						PLICANT DELINQUENT ON ANY	
g		\$		123330 .00	☐ Yes	if "Yex," aftach an explene(ion,	⊠ No
			MI AND THE APPLIC	THIS APPLICATION/FRE	APPLICATION ARE TRUIT THE ATTACHED ASSUR	E AND CORRECT. THE DOCUMENT ANCES IF THE ASSISTANCE IS AWA	MAS BEEN DULY AUTHORIZED
a. Typed Name of A Kim Rane	uthorized R	lepresenta	tive	b. Title		***	o. Telephone number
d. Signature of Afih		resentation		Chier	of Police		(626)858-4400
2:21) /						e. Dute Signed
	- sp	_/ ,)				5-17-05
revious Editions Usable	7	1	Authorized for Local R	leproduction	Standard Form 424	(REV. 4-92)	Prescribed by OMB Circular A-10

APPLICATION FOR			h			Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED	5-9-05	Applicant Identifier	4_	08
1. TYPE OF SUBMISSION: Application	Pre-application	S. DATE RECEIVED DV		Etato Application Identi		<u></u>
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		~~~
Non-Construction	Non-Construction		. (
6. APPLICANT INFORMATION	TANT-VOISH BELIGH			11/2		
	ν	1) 1	Opanizational Unit:			
	Nen	Buight		A.W.		
Organizational DUNS: Gold	ta Valley B	east, Fil	Oivision:			
Cimati Co	7 / DE	CENED	Name and telephone Involving this applic	number of person to batton (give area code)	n contacte	d on matters
ا محمد ال	756 Rt	and Loren I W forces bear	Prefix: MIA	First Name: 17	11	
chy: Goleta		IAY 1 8 2005	Middle Name	Allan	E G	
County:	rbara	MAN AND AND AND AND AND AND AND AND AND A	Last Name		+	
Shate: C.A	Zip Code a STAIT	CLEARING HOUSE	Suffix:	- Knigh	16	
Country:	11216	The state of the s				
1 098	MAN (MED TO A STATE	N. W. a	Email: Keun	eth Knight 6	S COX	.net
6. EMPLOYER IDENTIFICATION			Phone Number (give a	. 0		
8. TYPE OF APPLICATION:	W		805 252	<u>-1952 805</u>	, 968-	<u>-8523</u>
X New	Continuation	n F. Revision	1	ANT: (See back of form	for Applicati	ion Types)
if Revision, enter appropriate lette (See back of form for description	rds) in boy(es)	n " Kevision	O. Noupro	Lel		
	ar letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER	AL AGENCY: + S	ervic	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TO	FOREST ST	PROJECT:	
		10-664	Methodolo	gy for using	Gen	eval
TITLE (Name of Program): Ca	operative Fores	try Assistance	Plan to	class, Ry t	han a a	0.0
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	; States, etc.):		. , ,	1663	4.5
All cities, a	ounties		Capital F	fssets,		
13. PROPOSED PROJECT	Ending Date:		14. CONGRESSIONA			
9/1/05	Ending Date: 12/	31/06	1	23rd b. Project		
16. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC	SUBJECT TO REVIEW	BY STATE	EXECUTIVE
a. Federal 5	2.	LOUO	THIS PRE	EAPPLICATION/APPLICATION	ATION WAS	MADE
b. Applicant \$	7		MVAILAB	LE TO THE STATE EXE S FOR REVIEW ON	CUTIVE OR	IDER 12372
c. State \$		5,000	DATE:	5/18/05		
d. Local \$		Ud				
e. Other		, vo		M IS NOT COVERED BY		
f. Program Income \$		un .	FOR REV	GRAM HAS NOT BEEN S		
g. TOTAL .		1	17. IS THE APPLICAL	NT DELINQUENT ON A	NY FEDERA	AL DEBT?
		,000	∐ Yes If "Yes" ສຫລ¢h	an explanation.	🗷 No	
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TI	VLEUGE AND BELIEF,	ALL DATA IN THIS APPL	JCATION/PREAPPLY	CATION ARE TRUE AND	CORREC	T. THE
ATTACHED ASSURANCES IF TI	HE ASSISTANCE IS AN	NARDED.	THE REPLICIANT AND	THE APPLICANT WILL	COMPLY	WITH THE
	First Name	¥.	Middle	Name A /T		
Last Namo	- Den	veru_		Allan		
b. Title	- Kni	pht,	Suffix			
d. Signature of Authorized Repres	eutim Di	rector		shone Number (give area of 25	2 -/9 c	5 Z
Previous Edition Usable	Ken	meth allan	Kingle Date	Signed 5 - 9 -	05	
Authorized for Local Reproduction			7			1 (Rev.9-2003)

B Approval No. 0348-0043

APPLICATION FOR FED	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier R-9 Tracking # 05-302
Type of Submission: Application Pres	application	3. Date Rec'd by State	State Application Identifier
	Construction Nonconstruction EIVEL	4. Date Rec'd by Federal	Pederal Identifier
5. Applicant Information: J.egal Name and Address: (give city, county, state, and zip State Water Resort 1001 I Street, Sac Sacramento, Calif	ramento County	Organizational Unit: Central Valley Regional Water Qualit Name and telephone of person to be a polying this application (give area a Patrick Morris (916) 464-4780	
6. Employer (dentification Nun	nber (EIN): 680281986		endent School District
6. DUNS Number: 80832 8. Type of Application: _X_ New Revision If Revision, enter appropriate le A. Increase Award C. Increase Duration Other (specify)	Continuation ttcr(s): B. Decrease Award D. Decrease Duration	C. Municipal J. Private D. Township K. Indian E. Interstate L. Individ F. Intermunicipal M. Profit G. Special District N. Other	dual : Organization
10. Catalog of Federal Domesti 66.463	c Assistance Number	9. Name of Federal Agency: U. S. Environmental Pro	otection Agency
	operative Agreements	11. Descriptive Title of Applicant's P The project will develop a peer-review	
12. Area Affected by Project: (cities, counties, states, etc.) Sacramento-San Joaquin River 13. Proposed Project:	Delta, California	staff report for the control of mercury Sacramento-San Joaquin Delta Estuar largest estuary on the West Coast of N	and methylmercury in the y (Delta), which is the
Start Date 7/1/2005	End Date 6/30/2006	14. Congressional District of: Applicant: Project: 3 California	a - All
15. ESTIMATED FUNDING:		16. Is the application subject to revie Executive Order (EO) 12372 process!	
a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$141,850 \$0 \$0 \$0 \$0 \$0 \$0	a. YES: X_ This application available to the State EC review on: Date: Ma b. NO: Program is not compared.	/preapplication was made () 12372 process for (ay 17, 2005) (covered by EO # 12372) (t been selected by the
g. TOTAL	\$141,850	17. Is the applicant delinquent on any YES, attach explanation	
TRUE AND CORRECT, THE	DOCUMENT HAS BEEN DULY A	DATA IN THIS APPLICATION/PREAD AUTHORIZED BY THE GOVERNING HE ATTACHED ASSURANCES IF TH	BOARD OF THE
a. Typed Name of Authorized I Celeste Cantú	Représentative	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Rep	resentative		e. Date Signed:

APPLICATION FO					Applicant	t Identifier 215
FEDERAL ASSIST	TANCE					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E	BY STATE		State App	lication Identifier
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED E	BY FEDER	AL AGENCY	Federal k	lentifier
5. APPLICANT INFORMAT	ION		T			
Legal Name:			Organiza Departm	tional Unit:	***************************************	
City of Rialto			Public W			
Organizational DUNS:	DECEN		Division			
083583849	RECEIV	-n=	Utilities			
Address: 335	MAY 172	7003	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name:			
Street: West Rialto Avenue	STATE CLEARIN	G HOUSE	Mr. Peter			
City: Rialto			Middle l Jon			
County: San Bernardino Coun			Last Nar Fox	ne:		
State: CA	Zip Code: 92.	376	Suffix: N/A Email:			
Country: United States of Ame	rica			altoca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000768				umber (give area co 1-7244	ode)	Fax Number (give area code) (909) 421-7210
8. TYPE OF APPLICATION:			7. TYPI	OF APPLICANT:	(See back o	of form for Application Types)
			C. Municipal Applicant			
			Other (sp	pecify)		
Other (specify)				E OF FEDERAL Actionmental Protecti		
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:				CANT'S PROJECT:
			Water Im	foodburghung Improve	amenta V	Ater Main Penlagament
	66-6	06	Water Infrastructure Improvements – Water Main Replacement.			
TITLE (Name of Program): Co			τ.			
12. AREAS AFFECTED BY City of Rialto	PROJECT (Cities, Coun	ties, States, etc):				
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:			
Start Date:	Ending Date:		a. Applie	cant		b. Project 42 nd – Joe Baca, U.S. Congressman
July 2005 15. ESTIMATED FUNDING:	August 2006		16. IS A	e Baca, U.S. Congr PPLICATION SUB 12372 PROCESS?	JECT TO F	REVIEW BY STATE EXECUTIVE
a. Federal \$14	4,300.00		a. Yes	THIS PREAPP	LICATION	APPLICATION WAS MADE
b. Applicant \$19	0,700.00				ATE EXEC	UTIVE ORDER 12372 PROCESS FOR
c. State \$0	A		REVIEV	V ON DATE: 5-11-2	005	
d. Local \$0 e. Other \$0			b. No REVIEV	☐ PROGRAM IS ☐ OR PROGRAM	NOT COV	TERED BY E. O. 12372 T BEEN SELECTED BY STATE FOR
f. Program Income \$0 g. TOTAL \$33	5,500.00		17. IS T			NT ON ANY FEDERAL DEBT? ☑ No
18. TO THE BEST OF MY K	NOWLEDGE AND BE JLY AUTHORIZED BY	THE GOVERNING BOD	S APPLIC	ATION/PREAPPL	ICATION A	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE
a. Authorized Representative						
	t Name			Middle Name		
Mr. Her Last Name	nry	The state of the s	·	T. Suffix N/A		
Garcia b. Title			·	c. Telephone Num	nber (give a	rea code)
City Administrator				(909) 820-2689		
d. Signature Authorized Re	presentative			e. Date Signed		
Previous Edition Usable			May 11, 2005 Standard Form 424 (Rev. 9-2003)			

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED 5/16/2005		Applicant Ide	Version 7/ entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE		alion Identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal iden	tiller
Non-Construction	Non-Construction	05/16/2005			
5. APPLICANT INFORMATION Legal Name:	N			71171	
			Organizational U Department:	nit:	(A 1)
Castalc Lake Water Agency	Committee of the state of the s		Dopartment,		
Organizational DUNS: 619011877 Address:		Section (Section)	Division:		
Street:	200		Name and teleph	one number of p	erson to be contacted on matters
1	MAY 1	7 2005	Involving this ap	First Name:	ea codo)
27234 Bouquet Canyon Road				Dan	
City: Santa Clarita	OTATE OF	ARING HOUSE	Middle Name		
County:	3IAIL VILL		Last Name		44/ 71
Los Angeles State:	The Control of the Co	NOOD 4 NA MEDICAL MAINTEEN FOR	Masnada	- Miles	
CA CA	Zip Code 91350		Suffix:		
Country: USA	-		Email:		7/940
	NA		dmasnada@clwa.		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (gl	ve area code)	Fax Number (give area code)
95-2476586			(661) 297-1600		(661) 297-1611
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See har	k of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	ler(s) in box(es)	n 🖟 Revision	G Olhar (specify)	(The state of the s
O(her (specify)	Ш		9. NAME OF FEDI	RAL AGENCY;	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT;
TITLE (Name of Program): Surveys, Studies, Investigations 12. AREAS AFFECTED BY PR Santa Clarita Valley	s, & Special Purposes Gra	6 6 6 0 6 ent States, etc.):	Recycled Water S	iniciure improvem ystem	aents for the Extonsion of the
13. PROPOSED PROJECT Start Date:			14. CONGRESSIO	NAL DISTRICTS	OF:
Oct 2005	Ending Date; Oct 2007		a. Applicant		b. Project
15. ESTIMATED FUNDING:	10012007		25th	311 0110 /64-	25th
			ORDER 12372 PRO	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		240,600	- V- IN THIS F	REAPPLICATION	VAPPLICATION WAS MADE
b. Applicant 5		00	AVAIL		ATÉ EXECUTIVE ORDER 12372
c. State		196,855] rkoci	ESS FOR REVIEW	VON
C. State		.00	DATE:	05/16/2005	
d. Local \$, and	b. No. 🔲 PROGE	RAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		po .	ORPR	OGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$,00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL S		437,455	☐ Yes If "Yes" alta	ch an explanation	i. 🖾 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T			LICATION/PREAPP HE APPLICANT AN	LICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
2. Authorized Representative	First Name Dan		Midd	le Name	Willer
ast Name	Dull				
Masnada		1	Suffin		With the second
. Title General Manager		/	c. Te	lephone Number	(give area code)
. Signature of Authorized Repres	ientative (Oran	laxa) 297-1600 te Signed	/_/
revious Edition Usable	CAPON!	na and	7	/\\	17/05

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APPLICATION FOR	₹					Version 7/0
FEDERAL ASSIST			2. DATE SUBMITTED		App. ant I R9 Trackir	
1. TYPE OF SUBMISSION)N·		May 15, 2005 3. DATE RECEIVED BY	STATE		ication Identifier
Application	J14.	Pre-application				
☑ Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Ide	entifier
Non-Construction		Non-Construction				
5. APPLICANT INFORM	IATION			- T		
Legal Name:				Organization: Department:	al Unit:	
City of Laguna Beach				Water Quality	Department	
Organizational DUNS: 089135552	- Frank	Breath & H. William States	WANTED STATE OF THE STATE OF TH	Division: Same		
089135552 Address:	H	ECEIVED			ephone number of	f person to be contacted on matters
Street:				involving this	application (give	area code)
FOE Forest Avenue	1	MAY 1 7 2005		Prefix: Mr.	First Name David	9:
505 Forest Avenue City:				Middle Name	David	
Laguna Beach	STAT	E CLEARING HOUSE		William		
County: Orange	***************************************			Last Name Shissler		
State:		Zip Code		Suffix:		
CA Country:		92651		Email:		
United States of America				dshissler@lag	gunabeachcity.net	
6. EMPLOYER IDENTIF	ICATIO	N NUMBER (EIN):		Phone Numbe	er (give area code)	Fax Number (give area code)
95-6000	7 2 9			(949) 497-032	28	(949) 494-1864
8. TYPE OF APPLICATI				7. TYPE OF A	APPLICANT: (See	back of form for Application Types)
	√ Nev		n 🦲 Revision	C - Municipal		
If Revision, enter appropr (See back of form for des	iate lette	er(s) in box(es)		Other (specify)	1	
(See back of form for des	cription			(5,000)		
Other (specify)				9. NAME OF I	FEDERAL AGENC	Y: (EPA) - Elizabeth Goldmann
10. CATALOG OF FED	FRAI F	OMESTIC ASSISTANC	F NUMBER:			PLICANT'S PROJECT:
IU. CATALOG OF FLD	LIVAL L	OWESTIO ASSISTANO				itation and Sewer Line Rehabilitation
	,		6 6 6 0 6	Chave cove	Em otation romanii	
TITLE (Name of Program State Tribal Assistance (n): Grant					
12. AREAS AFFECTED	BY PR	OJECT (Cities, Counties	, States, etc.):			
 Laguna Beach California	ì					
13. PROPOSED PROJE				14. CONGRE	SSIONAL DISTRIC	TS OF:
Start Date:		Ending Date:		a. Applicant	-iI Dietwiet	b. Project 47th Congressional District
July 2005		December 2006		47th Congress		TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDI	NG:			ORDER 12372	PROCESS?	
a. Federal	\$		866,000	a. Yes. 🗸 🔭	HIS PREAPPLICAT	ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	\$		00		ROCESS FOR REV	
			709,000 · · · · · · · · · · · · · · · · · ·			
c. State	\$			D.	ATE: April 2004	
d. Local	\$.00	b. No.	ROGRAM IS NOT	COVERED BY E. O. 12372
e. Other	\$.00	1	R PROGRAM HAS	NOT BEEN SELECTED BY STATE
			00	17 IS THE A	OR REVIEW	QUENT ON ANY FEDERAL DEBT?
f. Program Income	\$		•	17. 13 THE AF	-PLICANT DELING	COLINI ON ANTI EBEIORE BEBT.
g. TOTAL	\$		1,575,000	☐ Yes If "Yes	s" attach an explana	ation. 🗸 No
18. TO THE BEST OF M	Y KNO	WLEDGE AND BELIEF,	, ALL DATA IN THIS AP	PLICATION/PRE	EAPPLICATION AF	RE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN	DULY.	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	NT AND THE APPL	ICANT WILL COMPLY WITH THE
ATTACHED ASSURANCE a. Authorized Representa		HE ASSISTANCE IS A	WARDED.			
Prefix Mr.		First Name Kenneth			Middle Name	
Last Name		Verment			Suffix	
Frank						
b. Title City Manager					c. Telephone Num (949) 497-0704	per (give area code)
d. Signature of Authorized	d Repre	sentátixe////		B	e Date Signed	1
Ken	MIA	LIWW		V	5/19	103

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APPLICATION FOR FEDERAL ASSISTANC	=	2. DATE SUBMITTED	5/12/05	Applicant Ide	Version 7/
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifler " " "
Non-Construction	Non-Construction			R-9	Tracking # 05-264
5. APPLICANT INFORMATION Legal Name:	l	-	Ossanizational	ié:	-71
Lake Arrowhead Community Se	andoor Dickiet	The second secon	Organizational Un Department:		V V/
Organizational DUNS:	arvices District	CENTED	Division:	eering	
0500554 Address:	58 RE	CEIVE	Engin	eering	rson to be contacted on matter
Street: P.O. Box 700 28200 State Highway 18	D Duite 02 480	AY 17 2005	involving this app	lication (give are	
City: Lake Arrowhead	CTATE	CLEARING HOUS	Middle Name		,
County: San Bernardino	Joint	and the state of t	Last Name Gross		***************************************
Stato: CA	Zip Code 92352		Suffix:		
Country: USA			Email: roross@lake	earrowheadcsd.co	om
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN);		Phone Number (give		Fax Number (give area code)
95-3271920]_		(909) 336-71	37	(909) 336-5875
8. TYPE OF APPLICATION:	-		7. TYPE OF APPLI	CANT; (See bac	k of form for Application Types)
New Karagorian Revision, enter appropriate letter	v Continuation	n 🗔 Revision	Special District	t	
See back of form for description	of letters.)		Other (specify)		
Other (specify)		_	9. NAME OF FEDE	RAL AGENCY: U.S. Environme	ntal Agency
IO. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE		CANT'S PROJECT:
		66-606	Recycled Wat	er System Projec	t Phase I
TITLE (Name of Program): Cons	olidated Appropriations A				
2. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	, States, etc.):	1		
ake Arrowhead, San Bernardir	o County, California				
3. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION a. Applicant	IAL DISTRICTS	
7/1/05	5/1/06		41st Dis		b. Project 41st District
5. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
o. Federal \$		192,400	2 Yes IV THIS PE	REAPPLICATION	APPLICATION WAS MADE
o. Applicant \$	****	157.418	AVAILA	BLE TO THE STA SS FOR REVIEW	ATÉ ÉXECUTIVE ORDER 12372 / ON
: State \$		157,418	DATE:	5/12/05	
I. Local S			ppoop		ERED BY E. O. 12372
Other \$		80	D. 140. (()		BEEN SELECTED BY STATE
Program Income \$.00	- FOR RE	VIEW	IT ON ANY FEDERAL DEBT?
. TOTAL \$		349,818	Yes If "Yes" attac		
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	AUTHORIZED BY THE (ALL DATA IN THIS APP	LICATION/PREADDI	CATION ARE T	BUE AND CORDERY THE
. Authorized Representative	First Name		Middle	⊇ Name	
ast Name	Marvin		Surfix	S .	· ·
35/ MAILIE				⊋phono Number (;	
Shaw Tille		7	ובו יא		
Shaw Title General Manager	entative ///		1	(909) 336-710)0 July 2192 C009)
Shaw Title	centative Mus	50/	1	(909) 336-710 e Signed 5/16/05	00

APPLICATION FOR					Version 7/03
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED May 13, 2005		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMAT Legal Name:	ION		Organizational Un		
Desert Alliance for Commu	nity Empowerment Inc		Department: Project Managemer		
Organizational DUNS:	,		Division:	11	
108363370			Name and talanha	no number of no	rean to be contacted an matters
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
53390 Enterprise Way, Suit	e 1		Prefix: Ms.	First Name: Cynthia	
City: Coachella			Middle Name Joy		
County: Riverside			Last Name Clipper		
State: California	Zip Code 92236		Suffix:		
Country: United States of America			Email: cynthia@dcez.org		
6. EMPLOYER IDENTIFICA	ATION NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
33-08571	8 7		760-391-5050 ext 2	30	760-391-5100
8. TYPE OF APPLICATION			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
	New Continuation	n 🔲 Revision	Non-Profit 501 (c) (3)	
If Revision, enter appropriate (See back of form for descrip			Other (specify)	•	
Other (specify)			9. NAME OF FEDE US Department of A		
10. CATALOG OF FEDER	AL DOMESTIC ASSISTANC	CE NUMBER:	'	•	CANT'S PROJECT:
TITLE (Name of Program): USDA Housing Preservatio	n Grant	10-433		servation of housi	tion services for the purposes of ng units for low-income individuals
	PROJECT (Cities, Counties	s, States, etc.):			
Blythe, Coachella, Unincorp	orated area of Eastern Rive	rside County			
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	
Start Date: July 2005	Ending Date: June 2006		a. Applicant 44th Congressional	District	b. Project 44th Congressional District
15. ESTIMATED FUNDING	•			N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	S. C.	.00	ORDER 12372 PRO		I/APPLICATION WAS MADE
b. Applicant		100,000	_ a. Yes. 🖊 AVAILA		ATE EXECUTIVE ORDER 12372
c. State	*MAY 1 6 2005	30,000	DATE:	May 3 , 2005	
d. Local	*MAY 1 6 7005	50,000	b. No. The PROGE	RAM IS NOT COV	/ERED BY E. O. 12372
City of Coachella e. Other	TATE CLEANING HOUS	SE 00		OGRAM HAS NO	T BEEN SELECTED BY STATE
City of Blytne	I / T I have been been been been been been been be	20,000	FOR RI	EVIEW	
f. Program Income	7	- 00	17. IS THE APPLIC	ANI DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 	200,000	Yes If "Yes" atta	<u> </u>	
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	JLY AUTHORIZED BY THE S IF THE ASSISTANCE IS A	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix			Midd	le Name	
Prefix Mr. Last Name	First Name Jeffrey		A. Suffi		
Hays					
b. Title Executive Director			c. Telephone Number (give area code) 760-391-5050 ext 222		
d. Signature of Authorized/Representative			e. Date Signed May 13, 2005		
Previous Edition Usable		IMAY		Standard Form 424 (Rev.9-2003)	
Authorized for Local Reprod	uction				Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE CUDBITTED		Applicant Ident	Version 7/03	
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED Ma 9, 2005				
1. TYPE OF SUBMISSION Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Federal Identifi	ier	
Non-Construction	Non-Construction		////		Manager and Court States and Court State	
5. APPLICANT INFORM Legal Name:	ATION		Organizational Ur	nit:		
The House of Agape Mir	nistries. Inc.		Department:			
Organizational DUNS:			Division:			
NIB Address:	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Name and telepho	one number of per	rson to be contacted on matters	
Street:			involving this app	olication (give area	a code)	
319 F Street			Prefix: First Name: Mr. William			
City: Needles			Middle Name (nmi)			
County: San Bernardino			Last Name Jones			
State: California	Zip Code 92363		Suffix:			
Country:			Email:	City of needles @e-	-mail: "ndlscityproject@citlink.net"	
6. EMPLOYER IDENTIF	ICATION NUMBER (EIN):		Phone Number (giv		Fax Number (give area code)	
20-0334			(760) 326-5999		(760) 326-6765	
8. TYPE OF APPLICAT			7. TYPE OF APPL	ICANT: (See back	k of form for Application Types)	
	New Continuation	n Revision	0			
If Revision, enter appropriate (See back of form for des		П	Other (specify)			
Other (specify)	Ш	<u> </u>	9. NAME OF FEDI	ERAL AGENCY: of Agriculture, Rura	I Development	
10. CATALOG OF FED	ERAL DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:	
		1 0-7 6 6			ailer, and equipment to expand	
TITLE (Name of Program			Agape's operations in landscaping, lot/ house cleanup, and in assisting the City of Needles in its recycling and blight abatement programs. Agape Ministries supports its charitable mission (men's shelter, food bank, center for behavior modification) with these operations.			
Community Facilities Lo	ans and Grants BY PROJECT (Cities, Countie	e States etc.):				
1	rated San Bernardino County, (bank, center for be	ehavior modification	n) with these operations.	
13. PROPOSED PROJE			14. CONGRESSIO	NAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
9/1/05 15. ESTIMATED FUNDI	6/30/06		34, 18 16. IS APPLICATI	ON SUBJECT TO	β4, 18 REVIEW BY STATE EXECUTIVE	
		90	ORDER 12372 PR	OCESS?	I/APPLICATION WAS MADE	
a. Federal	\$	13,500	a. Yes. V AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 12372	
b. Applicant	Fig. 1970 Ch. Firms	4,500	PROC	ESS FOR REVIEV	W ON	
c. State	MECHVEL	.00	DATE	: May 9, 2005		
d. Local	MAY 1 6 2005		b. No. 🗇 PROG	RAM IS NOT COV	/ERED BY E. O. 12372	
e. Other	\$ WAT 1 10 2005	.00		ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE	
f. Program Income	STATE CLEARING HOU	SE			NT ON ANY FEDERAL DEBT?	
g. TOTAL	Same and the same	18,000	☐ Yes If "Yes" at	tach an explanation	n. 🛮 🗗 No	
18. TO THE BEST OF N	Y KNOWLEDGE AND BELIE	F. ALL DATA IN THIS AP	PLICATION/PREAP	PLICATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN ATTACHED ASSURANCE	I DULY AUTHORIZED BY THE CES IF THE ASSISTANCE IS A	GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Represent			Mid	Idle Name		
Prefix Mr.	First Name William			mi)		
Last Name Jones					(-)	
b. Title Executive Director		(76	elephone Number 30) 326-5999			
d. Signature of Authorize		e. [Date Signed	05		
	·				Standard Form 424 (Box 0.2002)	

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					Version 7/03	
PPLICATION FOR EDERAL ASSISTANCE		2. DATE SUBMITTED	2. DATE SUBMITTED		Applicant Identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier		
Application	Pre-application	4, DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	ler	
Construction	Construction	n .				
Non-Construction	Non-Constru	ction				
. APPLICANT INFORMATION			Organizational Unit:		-	
Golden Gate National Parks C	ancen/ancy		Department:	1		
Organizational DUNS:			Division:			
555500453	Thelicontroduces		Name and tolophone	dumber of pe	rson to be contacted on matters	
Address:	H	ECEIVED I	involving this applic	ition (give are	a code)	
Street: Fort Mason, Building 201, 3rd I	Floor	The state of the s	Prefix:	First Name: John		
		WAY 1 6 2005	Mr. Middle Name	1 John		
City: San Francisco				<u> </u>		
County:	STAT	E CLEARING HOUSE	Last Name Ormsby	1		
Sen Francisco State:	Zip Code	- O - D/M MY MOUSE	Suffix:			
CA	94123		Email:			
Country: USA			jormsby@parksconse		Fax Number (give area code)	
6. EMPLOYER IDENTIFICAT	ON NUMBER (El	N):	Phone Number (give a	rea code)		
94-278170	8		(415) 561-3036	li	(415) 561-3003	
8, TYPE OF APPLICATION:			7. TYPE OF APPLIC	INT: (See bac	k of form for Application Types)	
D N		tinuation 🔲 Revision	O. Not for Profit			
f Revision, enter appropriate k (See back of form for description	etter(s) in box(es)		Other (specify)	1		
(266 DSCK OLIOIU) JOL GESCHAM	on or ieucia.)					
Other (specify)			9. NAME OF FEDER	EDER IL AGENCY: ental Protection Agency		
10. CATALOG OF FEDERAL	DOMESTIC ASS	ISTANCE NUMBER:	11. DESCRIPTIVE T	TLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program): 12. AREAS AFFECTED BY F Coastal subwatersheds in Sa	ROJECT (Cities,					
	II Mateo, Gair Fra		14, CONGRESSION	L DISTRICTS	OF:	
13. PROPOSED PROJECT Start Date:	Ending Date		a. Applicant		b. Project 6,8,12	
October 2005	October 200		B ADDUCATIO	USUB IECT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PRO	ESS?	3 KEVIEW BY GIATE EXCOUNT	
a. Federal	S	298,200	a, Yes, IZI THIS PR	EAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
	\$	290,200	PROCE	S FOR REVIE	EW ON	
b. Applicant	3	- 		'		
c. State	\$		DATE:			
d. Local	S	- UC	b, No. 🔟 PROGR	M IS NOT CC	VERED BY E. O. 12372	
e. Other	\$	·······································	OR PRO		OT BEEN SELECTED BY STATE	
f. Program Income	\$	au .	17. IS THE APPLIC	NT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	00	Yes if "Yes" attac	an explanati	on. ' 🖾 No	
	LY AUTHORIZED	BY THE GOVERNING BODY	ABBLICATION/PREAPPL	CATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			Midd	e Name		
Prefix Mr.	First Name Greg					
Last Name Moore			Suffi:	'		
b. Title Executive Director				:phone Numbe 561-3000	er (give area code)	
d. Signature of Authorized Representative (RZa M 0012)			2 Dc	In Cianad	162005	
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Authorized for Local Reprodu	ction	_			Prescribed by OMB Circular A-1	

Version 7/03						
k-9 #05-297	Applicant Identifie		2. DATE SUBMITTED	ſ	=	PPLICATION FOR EDERAL ASSISTANCE
Identifier	State Application	YSTATE	3. DATE RECEIVED E		<u>-</u> 	TYPE OF SUBMISSION:
	Federal Identifier	Y FEDERAL AGENCY		plication	Pre-app	Application
	, odora resista	T PEDERAL AGENCY	4. DATE RECEIVED I	nstruction		Construction
			EN/ED +	Construction	Non	Non-Construction
		Organizational Unit:	the I V Laboratory	nLV	<u> </u>	i. APPLICANT INFORMATION egal Name:
gency	ic Works Ag	Department: Pub1	1 6 2005	na MAY	inta A	City of Sa
3	er Resources	Division: Wate				Organizational DUNS:
on to be contacted on matters	e number of pers	Name and telephone Involving this applic	ARING HOUSE	STATE CLE		Address:
Steve	h !	Prefix:				Street:
JECTO		Niddle Nome	85 	nue M-	y Aven	220 S. Daisy
	<u> </u>	Ka				City: Santa Ana
	orrall				t v	County: Orange Count
	-	Suffix:		ode 92703	Zip Co	State: California
ana.ca.us	l e ci.santa	Email: SWorrall		72703		Country: United Stat
Fax Number (give area code)	area code)	Phone Number (give		BER (FIN):		6. EMPLOYER IDENTIFICATION
(714) 647–3345		(714) 647-33				
of form for Application Types)	CANT: (See back	7. TYPE OF APPLIC			5	95-60078 8. TYPE OF APPLICATION:
	Municipal	C M	on 🛮 Revision	Continuation	OW	8. TYPE OF APPLICATION.
		Other (specify)		box(es)	etter(s) in	r Revision, enter appropriate le
	PAL AGENCY:	9. NAME OF FEDER		73.7	on or lette	(See back of form for description
otection Agency	onmental Pr	II S Enviro				Other (specify)
ANT'S PROJECT:	TITLE OF APPLIC	11. DESCRIPTIVE	CE NUMBER:	STIC ASSISTAN	L DOMES	10. CATALOG OF FEDERAL
ir Ungrades	Posservo	n . 1 W.				FY O5 EPA Approx
ir Upgrades	est keservo	East and We		TOUS GLANC	hr rac	TITLE (Name of Program):
			es. States, etc.):	T (Cities Countie	PRO IECT	12. AREAS AFFECTED BY P
				1 (Onico, Oourino		City of Santa A
DF: b. Project	NAL DISTRICTS C	14. CONGRESSION				13. PROPOSED PROJECT
46 & 47	& 47	a. Applicant	ember 2006	ding Date:		Start Date:
REVIEW BY STATE EXECUTIVE	ON SUBJECT TO	16 IS APPLICATIO	ember 2000		16 <u> </u>	February 200
/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	PREAPPLICATION	ORDER 12372 PRO	00		<u></u>	
ATE EXECUTIVE ORDER 12372	ABLE TO THE STA SESS FOR REVIEW	a. Yes. 🔼 AVAILA		84,900	\$3	a. Federal
			•	14,918	\$ 3	b. Applicant
		DATE:			\$	c. State
ERED BY E. O. 12372		1 b. No. 113	.00		\$	d. Local
T BEEN SELECTED BY STATE			.00		\$	e. Other
NT ON ANY FEDERAL DEBT?	REVIEW ICANT DELINQUE	17. IS THE APPLIC			- K	
. No	tach an explanatior		- 00			f. Program Income
RUE AND CORRECT. THE	DI ICATION ARE T	AND LOATION (DREADE	- ALL BAYA IN TUUS	99,818		g. TOTAL
NT WILL COMPLY WITH THE	ND THE APPLICA	OF THE APPLICANT A	IE GOAEKIIIIG DOD	HORIZEDBY IF	11 Y ALILE	PACHMENT HAS BEEN DU
	ddle Name	Mid			e	a. Authorized Representative
	ıffix	Ruf	<u>n</u>	Tho	First	Prefix
(Asia area cada)				//	n \wedge	Last Name Cough ran
47–3318	(714) 6	с, Т	r	es Manage	- /	
d05	Date Signed 5	e. [/			
Standard Form 424 (Rev.9-20 Prescribed by OMB Circular A-				1 m	ANN	
(give area code) 47–3318	ddle Name	Mid Suf	AWARDED.	DGE AND BELII HORIZED BY THASSISTANCE IS I Name Thou	First esource	18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Last Name Coughpan

PLICATION FOR DERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Identifi	
		3. DATE RECEIVED BY	STATE	State Application	n Identifier
YPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC		٢
Construction	Construction	4. DATE RECEIVED BY	,	n/a	
Non Construction	Non-Construction	on			
PPLICANT INFORMATION			Organizational U	nlt:	
al Name:			Department: Sheriffs Office		
Mateo County Sheriff's Off	nce		Division:	Jannie Ryan	
anizational DUNS: 006-4085		The second secon	Name and tolonk	one number of per	son to be contacted on matter
dress:	. 9	SECENTED.	involving this ap	blication (Bive ales	code)
eet: County Center, 3rd Floor	\	KEUE V	Prefix: Ma.	First Name: Michelle	
		MAY 1 6 2005	Middle Name		
y: idwood City, CA 94063		MAY 1 0 2003	M.		
intr.		MAY 1 6 2003	Mojas		
ounty of San Mateo	Zip Code S	TATE CLEARING HOO	Suffix:		
ate:	94063	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	Email:	d_ on up as days	n@co.sanmateo.ca.us
ountry: nited State			Phone Number	nmateo.ca.us or urya	n@co.sanmateo.ca.us Fax Number (give area code)
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):			and (650) 599-1749	650-599-7497 and 599-1327
94-600053			(000) 303-18/4	DI ICANT. /Can har	k of form for Application Types)
TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT. (See DEC	N OF THE COLUMN TWO IS NOT THE COLUMN TWO IS
[7] N	lew Cantin	uation 🗓 Revision	County		
Revision, enter appropriate in each of form for description	letter(s) in box(65)		Other (specify)		
ee back or tollil joi pesonbu	Non Britainers		A NAME OF FE	DERAL AGENCY:	La Villa Condi
ther (specify)			Department of a	Justice - Office of Col	mmunity Oriented Policing Servi
miles (-F),			'		E CT
	I DOMESTIC ASSIS	TANCE NUMBER:	11. DESCRIPTI	IVE TITLE OF APPL	ICANT'S PROJECT:
D. CATALOG OF FEDERA	L DOMESTIC ASSIS	TANCE NUMBER:	11. DESCRIPTI	VE TITLE OF APPL CHNOLOGY GRAN	ICANT'S PROJECT:
D. CATALOG OF FEDERA	L DOMESTIC ASSIS	TANCE NUMBER:	11. DESCRIPTI	IVE TITLE OF APPL	ICANT'S PROJECT:
D. CATALOG OF FEDERA		16-710	11. DESCRIPTI	IVE TITLE OF APPL	ICANT'S PROJECT:
D. CATALOG OF FEDERA		16-710	11. DESCRIPTI	IVE TITLE OF APPL	ICANT'S PROJECT:
D. CATALOG OF FEDERA TITLE (Name of Program): 2005 Technology Initiative 2. AREAS AFFECTED BY		16-710	11. DESCRIPTI 2005 COPS TE	IVE TITLE OF APPL CHNOLOGY GRAN	ICANT'S PROJECT: T APPROPRIATION
D. CATALOG OF FEDERA TITLE (Name of Program): 2005 Technology Initiative 2. AREAS AFFECTED BY County of San Mateo		16-710	11. DESCRIPTI 2005 COPS TE	CHNOLOGY GRAN	T APPROPRIATION S OF: b. Project
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TAX: (916) 303-3018
PHN: SPOC

3 Approval No. 0348-0043

PPLICATION FOR F	EDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
Type of Submission:	Name of the option	J. Daniel State of St	
	Preapplication	4. Date Rec'd by Federal	Federal Identifier
Construction	Construction Nonconstruction	VED	X 97915401
Nonconstruction			
Applicant Information:	MAY 1 6	2005 Organizational Unit:	G I D I
gal Name and Address:	MILL.	Lahontan Regional Water Quality NG HC linvolving this application (give a Chuck Curtis	y Control Board
ve city, county, state, and	zip code)	Name and telephone of person to	be contacted on matters
State Water R	csources Control Board CLEARII	involving this application (give a	rea code):
1001 I Street.	Sacramento County	1	•
Secremonio (California 95814	(530)542-5460	
Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter app	ndependent School District
• •			
DUNS Number: 80	8321913		ate Institute of Higher Learning
Type of Application:			rivate University
NewX_ Revision	Continuation		ndian Tribe
Revision, enter appropria	to letter(s): A C	L, million	ndividual
Increase Award	B. Decrease Award	ii . Iiitottitatki-ij	Profit Organization
	D. Decrease Duration	G. Special District N. C	Other (specify)
ther (specify)			
mici (specity)		Name of Federal Agency:	
0. Catalog of Federal Do	nestic Assistance Number	U. S. Environmen	tal Protection Agency
66.606			
•	lies, Investigations and	11. Descriptive Title of Applica	int's Project:
Special Pur			
opolii I w	·	To develop the Lake Tahoc Sed	iment and Nutrient
2. Area Affected by Proje	ect:	Total Maximum Daily Load (TN	MDL) Report.
cities, counties, states, etc			
Lake Tahoe,			
3. Proposed Project:			
Start Date	End Date	14. Congressional District of:	I•.
7/1/2002	6/30/2006	Applicant: Pro	
			ifornia - All
5. ESTIMATED FUNDI	NG:	16. Is the application subject to	b review by the State
		Executive Order (EO) 12372 pr	occasi
ı, Federal	\$121,697	a. YES: X Inis appir	cation/preapplication was made
o. Applicant	\$0		tate EO 12372 process for
: State	\$0	review on:	2005
l. Local	\$0	· .	te: May 16, 2005
e. Other	\$0	b. NO: Program i	s not covered by EO # 12372
f. Program Income	.\$O		has not been selected by the
		state for r	
g. TOTAL	\$121,697	17. Is the applicant delinquent	
2		YES, attach explanation	1 XNO
			DE ABBLICA MYON ARE
18. TO THE BEST OF M	IY KNOWLEDGE AND BELIEF	, ALL DATA IN THIS APPLICATION/	PREAPPLICATION ARE
TOTAL CONTROL	THE DOCUMENT HAS BEEN I	MILY AUTHORIZED BY THE GOVER	NING BOAKD OF TUIL
APPLICANT, AND THE	APPLICANT WILL COMPLY V	VITH THE ATTACHED ASSURANCES	FIF THE ASSISTANCE
IS AWARDED.			
a. Typed Name of Author	nzed Representative	b. Title:	c. Telephone Number
Celeste Car		Executive Direct	or (916) 341-5615
Colosio Op.			
1. Signature of Authorize	ed Representative		e. Date Signed:
Briment o of transmitted	· · · · · · · · · · · · · · · · · · ·		
	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Standard Livery 424 (Rev 7-9)

Version 7/03

APPLICATION FOR		THE SUBMITTED		Applicant Identi	fier
FEDERAL ASSISTANCE		2. DATE SUBMITTED		State Application Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	ni ideimidi
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er
Construction	Construction	4. PAIL HEADING	-		
Non-Construction	Non-Construction				
S. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:		Dictrict	Department:		
Leavitt Lake Commu	unity Services	DISCITCE	Division:		
Organizational DUNS:				A Bumbar of Ba	son to be contacted on matters
Address:			Involving this applie	e number of per cation (give area	g code)
Street: 471-830 Buffur	m Tane RF	CEIVED	Prefix:	First Name:	
4/T-000 DOTTO	ii III	Leves I W Issue box	Mrs. Catherine		
City: Susanville	M	AY 1 6 2005	м		
			Last Name		
County: Lassen	OTATE	CLEARING HOUSE	Suffix:		
State:	Zip Code STATE	CLEANING HOUSE			
<u>California</u> Country:		and the second of the second s	Email: leavittc	sdecitlink	net
6. EMPLOYER IDENTIFICATI	ON NUMBER (FIN):		Phone Number (give	area code)	Fax Number (give area code)
			530 257-7977		530 257-7984
94-283759	9		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
8. TYPE OF APPLICATION:	Aw-:	on Revision	7,,,,,		
lf Revision, enter appropriate le	ew Continuati	OU III Kenigiou			
If Revision, enter appropriate is (See back of form for description	on of letters.)		Other (specify) Spe	cial Distr	rict
	[]	ليا	9 NAME OF FEDE	RAL AGENCY:	
Other (specify)			USDA Rural	Developmen	it
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAL	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:
		10-763		c 	has continued and
TITLE (Name of Program):					ep well, pump and
Emarcanau Cammun 1	ty Water Assist	ance Grant	Related Imp	rovements	
12. AREAS AFFECTED BY P	PROJECT (Cities, Counti	les, statas, atc.).			
Leavitt Lake Sub-	division,Susany	/ille CA. Lassen	14. CONGRESSIO	IAL DISTRICTS	OF:
13. PROPOSED PROJECT	[F-4]- [S-4-1		a. Applicant	ANT DISTRICTS	b. Project
Start Date:	Ending Date:		4 Zaha Dani	ittle	game
15. ESTIMATED FUNDING:	90 Days		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
	la.	255 3540	ORDER 12372 PRO	REAPPLICATIO	N/APPLICATION WAS MADE
a. Federal	S	255,250	AVAILA	ABLE TO THE ST	FATE EXECUTIVE ORDER 123/2
b. Applicant	\$	0 '00		SS FOR REVIE	WON
	\$		DATE:	5-14-05	
c. State			DBOC	DAM IS NOT CO	VERED BY E. O. 12372
d. Local	\$	o . [™]	I D. INO. JUST		
e. Other	\$	00	OR PR	OGRAM HAS N	OT BEEN SELECTED BY STATE
		<u> </u>		EVIEW CANT DELINQU	ENT ON ANY FEDERAL DEBT?
f, Program Income	\$	0			
g. TÖTAL	\$	255 ,25 0	Yes If "Yes" atta	ach an explanatio	on. 🖾 No
	NOW FORE AND RELI	THE ALL DATE A 141 THE LET A	ON ICATION DE ADE	LICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS REEN DU	LY AUTHORIZED BY 10	HE GOVEKNING BODY OF	F THE APPLICANT A	ND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS	AWARDED.			
a. Authorized Representative	First Name			dle Name	
	First Name Catherin	ne	M. Suff		
Last Name Seabourn			1		
D. Itie			c. Ţ	elephone Number	er (give area code) 77
Secretary	annon de de la companya de la compan				
d. Signatore of Authorized Re	presentative	. 4	9. 5	ate Signed 5 / 16 / 05	